

STATE OF NEW YORK

S. 2507

A. 3007

SENATE - ASSEMBLY

January 20, 2021

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

IN ASSEMBLY -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund Medicaid expenditures, in relation to extending the Medicaid global cap (Part A); to amend the social services law, in relation to copayments for drugs; to amend the public health law, in relation to prescriber prevails; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part B); to amend the public health law, in relation to community health centers (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the public health law, in relation to adjusting the worker recruitment and retention funding (Part E); to amend the public health law, the education law and the insurance law, in relation to comprehensive telehealth reforms (Part F); to amend the public health law, in relation to authorizing the implementation of medical respite pilot programs (Part G); to amend the social services law, in relation to eliminating consumer-paid premium payments in the basic health program (Part H); to amend the public health law, in relation to federal waiver authorization for the NY State of Health, the official Health Plan Marketplace (Part I); to amend the insurance law, in relation to the licensing of pharmacy benefit managers (Part J); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to restructuring and extending the physicians medical malpractice program; to amend part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, relating to the effectiveness of certain provisions of such chapter, in relation to extending certain provisions concerning the hospital excess liability pool; and

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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to amend part H of chapter 57 of the laws of 2017, amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part K); to amend the public health law, in relation to the general public health work program (Part L); to amend the public health law, the state finance law, chapter 338 of the laws of 1998 amending the public health law, the public officers law and the state finance law relating to establishing a spinal cord injury research board and part H of chapter 58 of the laws of 2007 amending the public health law, the public officers law and the state finance law relating to establishing the empire state stem cell board, in relation to the discontinuation of the empire clinical research investigator program (Part M); to amend the public health law and the education law, in relation to eliminating certain electronic prescription exemptions; and to repeal certain provisions of the public health law and the education law relating thereto (Part N); to repeal certain provisions of the social services law relating to the enhanced quality of adult living program ("EQUAL") grants; to repeal certain provisions of the public health law relating to requiring that the department of health audit hospital working hours; and to repeal certain provisions of the social services law relating to the provision providing operating subsidies to certain publicly operated adult care facilities (Part O); to amend the public health law, the education law, the insurance law and the social services law, in relation to expanding the role of pharmacists; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making such provisions permanent; to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to the effectiveness thereof; to amend chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, in relation to the effectiveness thereof; and to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to making such provisions permanent (Part P); to amend the education law and the public health law, in relation to the state's physician profiles and enhancing the ability of the department of education to investigate, discipline, and monitor licensed physicians, physician assistants, and specialist assistants (Part Q); to amend the civil rights law, in relation to a change of sex designation (Part R); to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to extending the provisions thereof; to amend chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, in relation to the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness thereof; to amend chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to extending government rates for behav-

ioral services and adding an alternative payment methodology requirement; to amend chapter 57 of the laws of 2019 amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; to amend chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof; to amend the public health law, in relation to improved integration of health care and financing; and to amend chapter 56 of the laws of 2014, amending the education law relating to the nurse practitioners modernization act, in relation to extending the provisions thereof (Part S); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part T); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part U); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs in relation to the effectiveness thereof (Part V); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to extending such provisions relating thereto (Part W); authorizing the office of mental health to redesign services of certain facilities and programs and to implement service reductions; and providing for the repeal of such provisions upon expiration thereof (Part X); to amend the mental hygiene law, in relation to setting standards for addiction professionals (Part Y); to amend the mental hygiene law, in relation to imposing sanctions due to a provider's failure to comply with the terms of their operating certificate or applicable law and to charge an application processing fee for the issuance of operating certificates (Part Z); to amend the mental hygiene law and the social services law, in relation to crisis stabilization services (Subpart A); to amend the mental hygiene law in relation to Kendra's law and assisted outpatient treatment (Subpart B); and to amend the mental hygiene law, in relation to involuntary commitment (Subpart C) (Part AA); to amend the mental hygiene law, in relation to establishing the New York state institute for basic research in developmental disabilities (Part BB); to amend the mental hygiene law, in relation to creating the office of addiction and mental health services (Part CC); to amend the social services law, the public health law and the mental hygiene law, in relation to setting comprehensive outpatient services (Part DD); and to repeal subdivision 10 of section 553 of the executive law, relating to the requirement that the justice center administer an adult home and residence for adults resident advocacy program (Part EE)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act enacts into law major components of legislation
2 necessary to implement the state health and mental hygiene budget for
3 the 2021-2022 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through EE. The effective date for
5 each particular provision contained within such Part is set forth in the
6 last section of such Part. Any provision in any section contained within
7 a Part, including the effective date of the Part, which makes a refer-
8 ence to a section "of this act", when used in connection with that
9 particular component, shall be deemed to mean and refer to the corre-
10 sponding section of the Part in which it is found. Section three of this
11 act sets forth the general effective date of this act.

12 PART A

13 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of
14 chapter 59 of the laws of 2011, amending the public health law and other
15 laws relating to known and projected department of health state fund
16 Medicaid expenditures, as amended by section 1 of part CCC of chapter 56
17 of the laws of 2020, is amended to read as follows:

18 (a) For state fiscal years 2011-12 through ~~2021-22~~ 2022-23, the
19 director of the budget, in consultation with the commissioner of health
20 referenced as "commissioner" for purposes of this section, shall assess
21 on a monthly basis, as reflected in monthly reports pursuant to subdivi-
22 sion five of this section known and projected department of health state
23 funds medicaid expenditures by category of service and by geographic
24 regions, as defined by the commissioner.

25 § 2. This act shall take effect immediately.

26 PART B

27 Section 1. Paragraph (a) of subdivision 4 of section 365-a of the
28 social services law, as amended by chapter 493 of the laws of 2010, is
29 amended to read as follows:

30 (a) drugs which may be dispensed without a prescription as required by
31 section sixty-eight hundred ten of the education law; provided, however,
32 that the state commissioner of health may by regulation specify certain
33 of such drugs which may be reimbursed as an item of medical assistance
34 in accordance with the price schedule established by such commissioner.
35 Notwithstanding any other provision of law, ~~additions~~ modifications to
36 the list of drugs reimbursable under this paragraph may be filed as
37 regulations by the commissioner of health without prior notice and
38 comment;

39 § 2. Paragraph (b) of subdivision 3 of section 273 of the public
40 health law, as added by section 10 of part C of chapter 58 of the laws
41 of 2005, is amended to read as follows:

42 (b) In the event that the patient does not meet the criteria in para-
43 graph (a) of this subdivision, the prescriber may provide additional
44 information to the program to justify the use of a prescription drug
45 that is not on the preferred drug list. The program shall provide a
46 reasonable opportunity for a prescriber to reasonably present his or her
47 justification of prior authorization. ~~[If, after consultation with the~~
48 ~~program, the prescriber, in his or her reasonable professional judgment,~~
49 ~~determines that]~~ The program will consider the additional information

1 and the justification presented to determine whether the use of a
2 prescription drug that is not on the preferred drug list is warranted,
3 and the ~~[prescriber's]~~ program's determination shall be final.

4 § 3. Subdivisions 25 and 25-a of section 364-j of the social services
5 law are REPEALED.

6 § 4. This act shall take effect immediately and shall be deemed to
7 have been in full force and effect on and after April 1, 2021.

8

PART C

9 Section 1. The public health law is amended by adding a new section
10 2807-pp to read as follows:

11 § 2807-pp. 340B reimbursement fund. 1. Notwithstanding any inconsis-
12 ent provision of law and subject to the availability of federal finan-
13 cial participation, there is hereby created a fund to support activities
14 that expand health services to the medicaid members, the uninsured, and
15 low-income patients, as supported by the 340B program. All funds avail-
16 able for distribution pursuant to this section shall be reserved and set
17 aside and distributed in accordance with this section.

18 2. Each eligible 340B provider shall receive a proportionate distrib-
19 ution to be determined by a methodology established by the commissioner.
20 Annual aggregate distributions pursuant to this section for the fiscal
21 year from April first, two thousand twenty-one to March thirty-first,
22 two thousand twenty-two, and each fiscal year thereafter, shall be equal
23 to one hundred two million dollars, but may be increased by additional
24 amounts authorized by the director of the division of the budget in
25 consultation with the commissioner.

26 3. "Eligible 340B provider" means a voluntary non-profit or publicly
27 sponsored diagnostic and treatment center licensed pursuant to this
28 article twenty-eight that delivers a comprehensive range of health care
29 services and that was enrolled in the 340B program pursuant to section
30 340B(a)(4) of the Federal Public Health Service act during the calendar
31 year two thousand twenty and that submits to the department the annual
32 recertification of participation in the 340B program as provided by the
33 health resources and services administration.

34 § 2. This act shall take effect immediately and shall be deemed to
35 have been in full force and effect on and after April 1, 2021.

36

PART D

37 Section 1. Paragraph (c) of subdivision 8 of section 2807-c of the
38 public health law, as amended by section 2 of part KK of chapter 56 of
39 the laws of 2020, is amended to read as follows:

40 (c) In order to reconcile capital related inpatient expenses included
41 in rates of payment based on a budget to actual expenses and statistics
42 for the rate period for a general hospital, rates of payment for a
43 general hospital shall be adjusted to reflect the dollar value of the
44 difference between capital related inpatient expenses included in the
45 computation of rates of payment for a prior rate period based on a budg-
46 et and actual capital related inpatient expenses for such prior rate
47 period, each as determined in accordance with paragraph (a) of this
48 subdivision, adjusted to reflect increases or decreases in volume of
49 service in such prior rate period compared to statistics applied in
50 determining the capital related inpatient expenses component of rates of
51 payment based on a budget for such prior rate period. For rates effec-
52 tive ~~[on and after]~~ April first, two thousand twenty through March thir-

1 ty-first, two thousand twenty-one, the budgeted capital-related expenses
2 add-on as described in paragraph (a) of this subdivision, based on a
3 budget submitted in accordance to paragraph (a) of this subdivision,
4 shall be reduced by five percent relative to the rate in effect on such
5 date; and the actual capital expenses add-on as described in paragraph
6 (a) of this subdivision, based on actual expenses and statistics through
7 appropriate audit procedures in accordance with paragraph (a) of this
8 subdivision shall be reduced by five percent relative to the rate in
9 effect on such date. For rates effective on and after April first, two
10 thousand twenty-one, the budgeted capital-related expenses add-on as
11 described in paragraph (a) of this subdivision, based on a budget
12 submitted in accordance to paragraph (a) of this subdivision, shall be
13 reduced by ten percent relative to the rate in effect on such date; and
14 the actual capital expenses add-on as described in paragraph (a) of this
15 subdivision, based on actual expenses and statistics through appropriate
16 audit procedures in accordance with paragraph (a) of this subdivision
17 shall be reduced by ten percent relative to the rate in effect on such
18 date. For any rate year, all reconciliation add-on amounts calculated on
19 and after April first, two thousand twenty shall be reduced by ten
20 percent, and all reconciliation recoupment amounts calculated on or
21 after April first, two thousand twenty shall increase by ten percent.
22 Notwithstanding any inconsistent provision of subparagraph (i) of para-
23 graph (e) of subdivision nine of this section, capital related inpatient
24 expenses of a general hospital included in the computation of rates of
25 payment based on a budget shall not be included in the computation of a
26 volume adjustment made in accordance with such subparagraph. Adjustments
27 to rates of payment for a general hospital made pursuant to this para-
28 graph shall be made in accordance with paragraph (c) of subdivision
29 eleven of this section. Such adjustments shall not be carried forward
30 except for such volume adjustment as may be authorized in accordance
31 with subparagraph (i) of paragraph (e) of subdivision nine of this
32 section for such general hospital.

33 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision
34 5-d of section 2807-k of the public health law, as amended by section 3
35 of part KK of chapter 56 of the laws of 2020, is amended to read as
36 follows:

37 (A) (1) subject to item two of this clause, one hundred thirty-nine
38 million four hundred thousand dollars shall be distributed as Medicaid
39 Disproportionate Share Hospital ("DSH") payments to major public general
40 hospitals;

41 (2) for the calendar years two thousand twenty-one through two thou-
42 sand twenty-two, and for each calendar year thereafter, the total
43 distributions to major public general hospitals shall be reduced to zero
44 dollars annually; and

45 § 3. This act shall take effect immediately and shall be deemed to
46 have been in full force and effect on and after April 1, 2021; provided,
47 however, that amendments to subdivision 5-d of section 2807-k of the
48 public health law made by section two of this act shall not affect the
49 expiration of such subdivision and shall be deemed to expire therewith.

50 PART E

51 Section 1. Clauses (M) and (N) of subparagraph (ii) of paragraph (bb)
52 of subdivision 1 of section 2807-v of the public health law, as amended
53 by section 14 of part Y of chapter 56 of the laws of 2020, are amended
54 and a new clause (O) is added to read as follows:

(M) for each state fiscal year within the period April first, two thousand seventeen through March thirty-first, two thousand twenty, three hundred forty million dollars; ~~[and]~~

(N) for each state fiscal year within the period April first, two thousand twenty through March thirty-first, two thousand ~~[twenty-three]~~ twenty-one, three hundred forty million dollars~~[-]~~; ~~and~~

(O) for each state fiscal year within the period April first, two thousand twenty-one through March thirty-first, two thousand twenty-three, one hundred seventy million dollars and each state fiscal year thereafter.

§ 2. Subparagraphs (xiii) and (xiv) of paragraph (cc) of subdivision 1 of section 2807-v of the public health law, as amended by section 14 of part Y of chapter 56 of the laws of 2020, are amended and a new subparagraph (xv) is added to read as follows:

(xiii) up to eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty; ~~[and]~~

(xiv) up to eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand ~~[twenty-three]~~ twenty-one; and

(xv) up to five million six hundred thousand dollars for the state fiscal year commencing April first, two thousand twenty-one and each state fiscal year thereafter.

§ 3. Subparagraphs (ix) and (x) of paragraph (ccc) of subdivision 1 of section 2807-v of the public health law, as amended by section 14 of part Y of chapter 56 of the laws of 2020, are amended and a new subparagraph (xi) is added to read as follows:

(ix) up to fifty million dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty; ~~[and]~~

(x) up to fifty million dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand ~~[twenty-three]~~ twenty-one; and

(xi) up to twenty-five million dollars for each state fiscal year within the period April first, two thousand twenty-one through March thirty-first, two thousand twenty-three and each state fiscal year thereafter.

§ 4. The opening paragraph of paragraph (a) of subdivision 8 of section 3614 of the public health law, as amended by section 55 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

Notwithstanding any inconsistent provision of law, rule or regulation and subject to the provisions of paragraph (b) of this subdivision and to the availability of federal financial participation, the commissioner shall adjust medical assistance rates of payment for services provided by certified home health agencies for such services provided to children under eighteen years of age and for services provided to a special needs population of medically complex and fragile children, adolescents and young disabled adults by a CHHA operating under a pilot program approved by the department, long term home health care programs and AIDS home care programs in accordance with this paragraph and paragraph (b) of this subdivision for purposes of improving recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility in the following amounts for services provided on and after December first, two thousand two, provided, however, for services provided in the state fiscal year commencing April

1 first, two thousand twenty-one such amounts shall be reduced by fifty
2 percent.

3 § 5. Subdivision 1 of section 4013 of the public health law, as
4 amended by section 9 of part MM of chapter 56 of the laws of 2020, is
5 amended to read as follows:

6 1. The commissioner shall, subject to the provisions of subdivision
7 two of this section, increase medical assistance rates of payment by up
8 to three percent for hospice services provided on and after December
9 first, two thousand two, for purposes of improving recruitment and
10 retention of non-supervisory workers or workers with direct patient care
11 responsibility, provided, however, for services provided in the state
12 fiscal year commencing April first, two thousand twenty-one such
13 increase shall be up to one and one-half percent.

14 § 6. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2021.

16 PART F

17 Section 1. Subdivision 3 of section 2999-cc of the public health law,
18 as amended by section 2 of subpart C of part S of chapter 57 of the laws
19 of 2018, is amended to read as follows:

20 3. "Originating site" means a site at which a patient is located at
21 the time health care services are delivered to him or her by means of
22 telehealth. ~~Originating sites shall be limited to: (a) facilities~~
23 ~~licensed under articles twenty eight and forty of this chapter; (b)~~
24 ~~facilities as defined in subdivision six of section 1.03 of the mental~~
25 ~~hygiene law; (c) certified and non-certified day and residential~~
26 ~~programs funded or operated by the office for people with developmental~~
27 ~~disabilities; (d) private physician's or dentist's offices located with-~~
28 ~~in the state of New York; (e) any type of adult care facility licensed~~
29 ~~under title two of article seven of the social services law; (f) public,~~
30 ~~private and charter elementary and secondary schools, school age child~~
31 ~~care programs, and child day care centers within the state of New York;~~
32 ~~and (g) the patient's place of residence located within the state of New~~
33 ~~York or other temporary location located within or outside the state of~~
34 ~~New York.]~~

35 § 2. Paragraph (d) of subdivision 18-a of section 206 of the public
36 health law, as amended by section 8 of part A of chapter 57 of the laws
37 of 2015, is amended to read as follows:

38 (d) The commissioner may make such rules and regulations as may be
39 necessary to implement federal policies and disburse funds as required
40 by the American Recovery and Reinvestment Act of 2009 and to promote the
41 development of a self-sufficient SHIN-NY to enable widespread, non-du-
42 plicative interoperability among disparate health information systems,
43 including electronic health records, personal health records, health
44 care claims, payment and other administrative data, and public health
45 information systems, while protecting privacy and security. Such rules
46 and regulations shall include, but not be limited to, requirements for
47 organizations covered by 42 U.S.C. 17938 or any other organizations that
48 exchange health information through the SHIN-NY or any other statewide
49 health information system recommended by the workgroup. Such rules and
50 regulations shall require that qualified entities permit access to all
51 of a patient's information by all SHIN-NY participants or any other
52 general designation of who may access such information after consent is
53 obtained using a single statewide SHIN-NY consent form approved by the
54 department and published on the department's website. If the commission-

er seeks to promulgate rules and regulations prior to issuance of the report identified in subparagraph (iv) of paragraph (b) of this subdivision, the commissioner shall submit the proposed regulations to the workgroup for its input. If the commissioner seeks to promulgate rules and regulations after the issuance of the report identified in such subparagraph (iv) then the commissioner shall consider the report and recommendations of the workgroup. If the commissioner acts in a manner inconsistent with the input or recommendations of the workgroup, he or she shall provide the reasons therefor.

§ 3. Paragraphs (w) and (x) of subdivision 2 of section 2999-cc of the public health law, as amended by section 1 of part HH of chapter 56 of the laws of 2020, are amended to read as follows:

(w) a care manager employed by or under contract to a health home program, patient centered medical home, office for people with developmental disabilities Care Coordination Organization (CCO), hospice or a voluntary foster care agency certified by the office of children and family services certified and licensed pursuant to article twenty-nine-i of this chapter; ~~[and]~~

(x) practitioners authorized to provide services in New York pursuant to the interstate licensure program set forth in regulations promulgated by the commissioner of education in accordance with subdivision three of section sixty-five hundred one of the education law; and

(y) any other provider as determined by the commissioner pursuant to regulation or, in consultation with the commissioner, by the commissioner of the office of mental health, the commissioner of the office of addiction services and supports, or the commissioner of the office for people with developmental disabilities pursuant to regulation.

§ 4. Section 6501 of the education law is amended by adding a new subdivision 3 to read as follows:

3. Notwithstanding any inconsistent provision of law, rule or regulation to the contrary, the commissioner shall, in consultation with the commissioners of the department of health, office of mental health, office of addiction services and supports, and office for people with developmental disabilities, issue regulations for the creation of an interstate licensure program which authorizes practitioners licensed by contiguous states or states in the Northeast region to provide telehealth services, as defined by article twenty-nine-g of the public health law and any implementing regulations promulgated by the commissioners of the department of health, office of mental health, office of addiction services and supports, and office for people with developmental disabilities, to patients located in New York state, taking into consideration the need for specialty practice areas with historical access issues, as determined by the commissioners of the department of health, office of mental health, office of addiction supports and services, or office for people with developmental disabilities. Such regulations may be promulgated on an emergency basis; provided, however, they shall be promulgated on a final basis no later than March thirty-first, two thousand twenty-two.

§ 5. Section 3217-h of the insurance law is amended by adding a new subsection (c) to read as follows:

(c) An insurer that provides comprehensive coverage for hospital, medical, or surgical care with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.

§ 6. Section 4306-g of the insurance law is amended by adding a new subsection (c) to read as follows:

(c) A corporation that provides comprehensive coverage for hospital, medical, or surgical care with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.

§ 7. Subdivisions 1 and 6 of section 24 of the public health law, as added by section 17 of part H of chapter 60 of the laws of 2014, are amended to read as follows:

1. A health care professional, or a group practice of health care professionals, a diagnostic and treatment center or a health center defined under 42 U.S.C. § 254b on behalf of health care professionals rendering services at the group practice, diagnostic and treatment center or health center, shall disclose to patients or prospective patients in writing or through an internet website the health care plans in which the health care professional, group practice, diagnostic and treatment center or health center, is a participating provider and the hospitals with which the health care professional is affiliated prior to the provision of non-emergency services and verbally at the time an appointment is scheduled. Such disclosure shall indicate whether the health care professional, group practice, diagnostic and treatment center or health center offers telehealth services.

6. A hospital shall post on the hospital's website: (a) the health care plans in which the hospital is a participating provider; (b) a statement that (i) physician services provided in the hospital are not included in the hospital's charges; (ii) physicians who provide services in the hospital may or may not participate with the same health care plans as the hospital, and; (iii) the prospective patient should check with the physician arranging for the hospital services to determine the health care plans in which the physician participates; (c) as applicable, the name, mailing address and telephone number of the physician groups that the hospital has contracted with to provide services including anesthesiology, pathology or radiology, and instructions how to contact these groups to determine the health care plan participation of the physicians in these groups; ~~and~~ (d) as applicable, the name, mailing address, and telephone number of physicians employed by the hospital and whose services may be provided at the hospital, and the health care plans in which they participate; and (e) disclosure as to whether the hospital offers telehealth services.

§ 8. Subdivision 8 of section 24 of the public health law is amended by adding a new paragraph (d) to read as follows:

(d) "Telehealth services" means those services provided in accordance with article twenty-nine-g of this chapter, subsection (b) of section thirty-two hundred seventeen-h of the insurance law, or subsection (b) of section forty-three hundred six-g of the insurance law, as applicable.

§ 9. This act shall take effect April 1, 2021; provided, however, if this act shall have become a law after such date it shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided further, however, that the amendments to paragraph (d) of subdivision 18-a of section 206 of the public health law made by section two of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith; and provided further, that sections five and six of this act shall take effect October 1, 2021

1 and shall apply to policies and contracts issued, renewed, modified,
2 altered, or amended on and after such date.

3 PART G

4 Section 1. The public health law is amended by adding a new article
5 29-J to read as follows:

6 ARTICLE 29-J

7 MEDICAL RESPITE PROGRAM

8 Section 2999-hh. Medical respite program.

9 § 2999-hh. Medical respite program. 1. Legislative findings and
10 purpose. The legislature finds that an individual who lacks access to
11 safe housing faces an increased risk of adverse health outcomes. By
12 offering medical respite programs as a lower-intensity care setting for
13 individuals who would otherwise require a hospital stay or lack a safe
14 option for discharge and recovery, medical respite programs will reduce
15 hospital inpatient admissions and lengths of stay, hospital readmis-
16 sions, and emergency room use. The legislature finds that the estab-
17 lishment of medical respite programs will protect the public interest
18 and the interests of patients.

19 2. Definitions. As used in this article, the following terms shall
20 have the following meanings, unless the context clearly otherwise
21 requires:

22 (a) "Medical respite program" means a not-for-profit corporation
23 licensed or certified pursuant to subdivision three of this section to
24 serve recipients whose prognosis or diagnosis necessitates the receipt
25 of:

26 (i) Temporary room and board; and

27 (ii) The provision or arrangement of the provision of health care and
28 support services; provided, however, that the operation of a medical
29 respite program shall be separate and distinct from any housing programs
30 offered to individuals who do not qualify as recipients.

31 (b) "Recipient" means an individual who:

32 (i) Has a qualifying health condition that requires treatment or care;

33 (ii) Does not require hospital inpatient, observation unit, or emer-
34 gency room level of care, or a medically indicated emergency department
35 or observation visit; and

36 (iii) Is experiencing homelessness or at imminent risk of homeless-
37 ness. (A) Subject to clause (B) of this subparagraph and any rules or
38 regulations promulgated pursuant to subdivision four of this section, a
39 person shall be deemed "homeless" if they are unable to secure or main-
40 tain permanent or stable housing without assistance.

41 (B) An operator of a medical respite program may establish eligibility
42 standards using a more limited definition of "homelessness" if such
43 limitation is necessary to ensure the availability of a funding source
44 that will support the medical respite program's provision of room and
45 board, and such limitations are otherwise consistent with any rules or
46 regulations promulgated pursuant to subdivision four of this section.
47 This applies to conditions that may exist in connection with:

48 (1) Public funding provided by a federal, state, or local government
49 entity; or

50 (2) Subject to the approval of the department, private funding from a
51 charitable entity or other non-governmental source.

52 3. Licensure or certification. (a) Notwithstanding any inconsistent
53 provision of law, the commissioner may license or certify a not-for-pro-
54 fit corporation as an operator of a medical respite program.

1 (b) The commissioner may promulgate rules and regulations to establish
2 procedures to review and approve applications for a license or certifi-
3 cation pursuant to this article, which may be promulgated on an emer-
4 gency basis and which shall, at a minimum, specify standards for: recip-
5 ient eligibility; mandatory medical respite program services; physical
6 environment; staffing; and policies and procedures governing health and
7 safety, length of stay, referrals, discharge, and coordination of care.

8 4. Operating standards; responsibility for standards. (a) Medical
9 respite programs licensed or certified pursuant to this article shall:

10 (i) Provide recipients with temporary room and board; and

11 (ii) Provide, or arrange for the provision of, health care and support
12 services to recipients.

13 (b) Nothing contained within this article shall affect the applica-
14 tion, qualification, or requirements that may apply to an operator with
15 respect to any other licenses or operating certificates that such opera-
16 tor may hold, including, without limitation, under article twenty-eight
17 of this chapter or article seven of the social services law.

18 5. Temporary accommodation. A medical respite program shall be consid-
19 ered a form of emergency shelter or temporary shelter for purposes of
20 determining a recipient's eligibility for housing programs or benefits
21 administered by the state or by a local social services district,
22 including programs or benefits that support access to accommodations of
23 a temporary, transitional, or permanent nature.

24 6. Inspections and compliance. The commissioner shall have the power
25 to inquire into the operation of any licensed or certified medical
26 respite program and to conduct periodic inspections of facilities with
27 respect to the fitness and adequacy of the premises, equipment, person-
28 nel, rules and by-laws, standards of medical care and services, system
29 of accounts, records, and the adequacy of financial resources and sourc-
30 es of future revenues.

31 7. Suspension or revocation of license or certification. (a) A license
32 or certification for a medical respite program under this article may be
33 revoked, suspended, limited, annulled or denied by the commissioner, in
34 consultation with either the commissioners of the office of mental
35 health, the office of temporary and disability assistance, or the office
36 of addiction services and supports, as appropriate based on a determi-
37 nation of the department depending on the diagnosis or stated needs of
38 the individuals being served or proposed to be served in the medical
39 respite program being considered for revocation, suspension, limitation,
40 annulment or denial of certification, if an operator is determined to
41 have failed to comply with the provisions of this article or the rules
42 and regulations promulgated thereunder. No action taken against an oper-
43 ator under this subdivision shall affect an operator's other licenses or
44 certifications; provided however, that the facts that gave rise to the
45 revocation, suspension, limitation, annulment or denial of certification
46 may also form the basis of a limitation, suspension or revocation of
47 such other licenses or certifications.

48 (b) No such medical respite program license or certification shall be
49 revoked, suspended, limited, annulled or denied without a hearing;
50 provided that a license or certification may be temporarily suspended or
51 limited without a hearing for a period not in excess of thirty days upon
52 written notice that the continuation of the medical respite program
53 places the public health or safety of the recipients in imminent danger.

54 (c) Nothing in this section shall prevent the commissioner from impos-
55 ing sanctions or penalties on a medical respite program that are author-
56 ized under any other law or regulation.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART H

Section 1. The title heading of title 11-D of article 5 of the social services law, as added by chapter 1 of the laws of 1999, is amended to read as follows:

[~~FAMILY~~] BASIC HEALTH [~~PLUS~~] PROGRAM

§ 2. Paragraph (d) of subdivision 3, subdivision 5 and subdivision 7 of section 369-gg of the social services law, as added by section 51 of part C of chapter 60 of the laws of 2014 and subdivision 7 as renumbered by section 28 of part B of chapter 57 of the laws of 2015, are amended to read as follows:

(d) (i) has household income at or below two hundred percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size; and (ii) has household income that exceeds one hundred thirty-three percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size; however, MAGI eligible aliens lawfully present in the United States with household incomes at or below one hundred thirty-three percent of the federal poverty line shall be eligible to receive coverage for health care services pursuant to the provisions of this title if such alien would be ineligible for medical assistance under title eleven of this article due to his or her immigration status.

An applicant who fails to make an applicable premium payment, if any, shall lose eligibility to receive coverage for health care services in accordance with time frames and procedures determined by the commissioner.

5. Premiums and cost sharing. (a) Subject to federal approval, the commissioner shall establish premium payments enrollees shall pay to approved organizations for coverage of health care services pursuant to this title. [~~Such premium payments shall be established in the following manner:-~~

~~(i) up to twenty dollars monthly for an individual with a household income above one hundred and fifty percent of the federal poverty line but at or below two hundred percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size; and~~

~~(ii) no~~ No payment is required for individuals with a household income at or below [~~one hundred and fifty~~] two hundred percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size.

(b) The commissioner shall establish cost sharing obligations for enrollees, subject to federal approval.

7. Any funds transferred by the secretary of health and human services to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust. Funds from the trust shall be used for providing health benefits through an approved organization, which, at a minimum, shall include essential health benefits as defined in 42 U.S.C. 18022(b); to reduce the premiums, if any, and cost sharing of participants in the basic health program; or for such other purposes as may be allowed by the secretary of health and human services. Health benefits available through the

1 basic health program shall be provided by one or more approved organiza-
2 tions pursuant to an agreement with the department of health and shall
3 meet the requirements of applicable federal and state laws and regu-
4 lations.

5 § 3. This act shall take effect June 1, 2021 and shall expire and be
6 deemed repealed should federal approval be withdrawn or 42 U.S.C.
7 18022(b) be repealed; provided that the commissioner of health shall
8 notify the legislative bill drafting commission upon the withdrawal of
9 federal approval or the repeal of 42 U.S.C. 18022(b) in order that the
10 commission may maintain an accurate and timely effective data base of
11 the official text of the laws of the state of New York in furtherance of
12 effectuating the provisions of section 44 of the legislative law and
13 section 70-b of the public officers law.

14 PART I

15 Section 1. Subdivision 1 of section 268-c of the public health law, as
16 added by section 2 of part T of chapter 57 of the laws of 2019, is
17 amended to read as follows:

18 1. (a) Perform eligibility determinations for federal and state insur-
19 ance affordability programs including medical assistance in accordance
20 with section three hundred sixty-six of the social services law, child
21 health plus in accordance with section twenty-five hundred eleven of
22 this chapter, the basic health program in accordance with section three
23 hundred sixty-nine-gg of the social services law, premium tax credits
24 and cost-sharing reductions and qualified health plans in accordance
25 with applicable law and other health insurance programs as determined by
26 the commissioner;

27 (b) certify and make available to qualified individuals, qualified
28 health plans, including dental plans, certified by the Marketplace
29 pursuant to applicable law, provided that coverage under such plans
30 shall not become effective prior to certification by the Marketplace;
31 ~~and~~

32 (c) certify and/or make available to eligible individuals, health
33 plans certified by the Marketplace pursuant to applicable law, and/or
34 participating in an insurance affordability program pursuant to applica-
35 ble law, provided that coverage under such plans shall not become effec-
36 tive prior to certification by the Marketplace, and/or approval by the
37 commissioner~~[-]; and~~

38 (d) the commissioner, in cooperation with the superintendent, is
39 authorized and directed, subject to the approval of the director of the
40 division of the budget, to apply for federal waivers when such action
41 would be necessary to assist in promoting the objectives of this
42 section.

43 § 2. This act shall take effect immediately and shall be deemed to
44 have been in full force and effect on and after April 1, 2021.

45 PART J

46 Section 1. The insurance law is amended by adding a new article 29 to
47 read as follows:

48 ARTICLE 29

49 PHARMACY BENEFIT MANAGERS

50 Section 2901. Definitions.

51 2902. Acting without a registration.

52 2903. Registration requirements for pharmacy benefit managers.

1 2904. Reporting requirements for pharmacy benefit managers.

2 2905. Acting without a license.

3 2906. Licensing of a pharmacy benefit manager.

4 2907. Revocation or suspension of a registration or license of a
5 pharmacy benefit manager.

6 2908. Penalties for violations.

7 2909. Stay or suspension of superintendent's determination.

8 2910. Revoked registrations or licenses.

9 2911. Change of address.

10 2912. Duties.

11 2913. Applicability of other laws.

12 2914. Assessments.

13 § 2901. Definitions. For purposes of this article:

14 (a) "Health plan" means an insurance company that is an authorized
15 insurer under this chapter, a company organized pursuant to article
16 forty-three of this chapter, a municipal cooperative health benefit plan
17 established pursuant to article forty-seven of this chapter, an entity
18 certified pursuant to article forty-four of the public health law
19 including those providing services pursuant to title eleven of article
20 five of the social services law and title one-A of article twenty-five
21 of the public health law, an institution of higher education certified
22 pursuant to section one thousand one hundred twenty-four of this chap-
23 ter, the state insurance fund, and the New York state health insurance
24 plan established under article eleven of the civil service law.

25 (b) "Pharmacy benefit management services" means the management or
26 administration of prescription drug benefits pursuant to a contract with
27 a health plan, directly or through another entity, and regardless of
28 whether the pharmacy benefit manager and the health plan are related, or
29 associated by ownership, common ownership, organization or otherwise;
30 including the procurement of prescription drugs to be dispensed to
31 patients, or the administration or management of prescription drug bene-
32 fits, including but not limited to, any of the following:

33 (1) mail service pharmacy;

34 (2) claims processing, retail network management, or payment of claims
35 to pharmacies for dispensing prescription drugs;

36 (3) clinical or other formulary or preferred drug list development or
37 management;

38 (4) negotiation or administration of rebates, discounts, payment
39 differentials, or other incentives, for the inclusion of particular
40 prescription drugs in a particular category or to promote the purchase
41 of particular prescription drugs;

42 (5) patient compliance, therapeutic intervention, or generic substi-
43 tution programs;

44 (6) disease management;

45 (7) drug utilization review or prior authorization;

46 (8) adjudication of appeals or grievances related to prescription drug
47 coverage;

48 (9) contracting with network pharmacies; and

49 (10) controlling the cost of covered prescription drugs.

50 (c) "Pharmacy benefit manager" means any entity, including a wholly
51 owned or partially owned or controlled subsidiary of a pharmacy benefits
52 manager, that contracts to provide pharmacy benefit management services
53 on behalf of a health plan.

54 (d) "Controlling person" means any person or other entity who or which
55 directly or indirectly has the power to direct or cause to be directed
56 the management, control or activities of a pharmacy benefit manager.

1 (e) "Covered individual" means a member, participant, enrollee,
2 contract holder or policy holder or beneficiary of a health plan.

3 § 2902. Acting without a registration. (a) No person, firm, associ-
4 ation, corporation or other entity may act as a pharmacy benefit manager
5 on or after June first, two thousand twenty-one and prior to January
6 first, two thousand twenty-three, without having a valid registration as
7 a pharmacy benefit manager filed with the superintendent in accordance
8 with this article and any regulations promulgated thereunder.

9 (b) Any person, firm, association, corporation or other entity that
10 violates this section shall, in addition to any other penalty provided
11 by law, be liable for restitution to any health plan, pharmacy, or
12 covered individual harmed by the violation and shall also be subject to
13 a penalty not exceeding the greater of: (1) one thousand dollars for the
14 first violation and two thousand five hundred dollars for each subse-
15 quent violation; or (2) the aggregate economic gross receipts attribut-
16 able to all violations.

17 § 2903. Registration requirements for pharmacy benefit managers. (a)
18 Every pharmacy benefit manager that performs pharmacy benefit management
19 services on or after June first, two thousand twenty-one and prior to
20 January first, two thousand twenty-three shall register with the super-
21 intendent in a manner acceptable to the superintendent and shall pay a
22 fee of one thousand dollars for each year or fraction of a year in which
23 the registration shall be valid. The superintendent shall require that
24 the pharmacy benefit manager disclose its officer or officers and direc-
25 tor or directors who are responsible for the business entity's compli-
26 ance with the financial services and insurance laws, rules and regu-
27 lations of this state. The registration shall detail the locations from
28 which it provides services, and a listing of any entities with which it
29 has contracts in New York state. The superintendent can reject a regis-
30 tration application filed by a pharmacy benefit manager that fails to
31 comply with the minimum registration standards.

32 (b) For each business entity, the officer or officers and director or
33 directors named in the application shall be designated responsible for
34 the business entity's compliance with the financial services and insur-
35 ance laws, rules and regulations of this state.

36 (c) Every registration will expire on December thirty-first, two thou-
37 sand twenty-two regardless of when registration was first made.

38 (d) Every pharmacy benefit manager that performs pharmacy benefit
39 management services at any time prior to June first, two thousand twen-
40 ty-one, shall make the registration and fee payment required by
41 subsection (a) of this section on or before June first, two thousand
42 twenty-one. Any other pharmacy benefit manager shall make the registra-
43 tion and fee payment required by subsection (a) of this section prior to
44 performing pharmacy benefit management services.

45 (e) Registrants under this section shall be subject to examination by
46 the superintendent as often as the superintendent may deem it necessary.
47 The superintendent may promulgate regulations establishing methods and
48 procedures for facilitating and verifying compliance with the require-
49 ments of this article and such other regulations as necessary to enforce
50 the provisions of this article.

51 § 2904. Reporting requirements for pharmacy benefit managers. (a)(1)
52 On or before July first of each year, beginning in two thousand twenty-
53 two, every pharmacy benefit manager shall report to the superintendent,
54 in a statement subscribed and affirmed as true under penalties of perju-
55 ry, the information requested by the superintendent including, without
56 limitation:

1 (i) any pricing discounts, rebates of any kind, inflationary payments,
2 credits, clawbacks, fees, grants, chargebacks, reimbursements, other
3 financial or other reimbursements, incentives, inducements, refunds or
4 other benefits received by the pharmacy benefit manager; and

5 (ii) the terms and conditions of any contract or arrangement, includ-
6 ing other financial or other reimbursements incentives, inducements or
7 refunds between the pharmacy benefit manager and any other party relat-
8 ing to pharmacy benefit management services provided to a health plan
9 including but not limited to, dispensing fees paid to pharmacies.

10 (2) The superintendent may require the filing of quarterly or other
11 statements, which shall be in such form and shall contain such matters
12 as the superintendent shall prescribe.

13 (3) The superintendent may address to any pharmacy benefit manager or
14 its officers any inquiry in relation to its provision of pharmacy bene-
15 fit management services or any matter connected therewith. Every pharma-
16 cy benefit manager or person so addressed shall reply in writing to such
17 inquiry promptly and truthfully, and such reply shall be, if required by
18 the superintendent, subscribed by such individual, or by such officer or
19 officers of the pharmacy benefit manager, as the superintendent shall
20 designate, and affirmed by them as true under the penalties of perjury.

21 (b) In the event any pharmacy benefit manager or person does not
22 submit a report required by paragraphs one or two of subsection (a) of
23 this section or does not provide a good faith response to an inquiry
24 from the superintendent pursuant to paragraph three of subsection (a) of
25 this section within a time period specified by the superintendent of not
26 less than fifteen business days, the superintendent is authorized to
27 levy a civil penalty, after notice and hearing, against such pharmacy
28 benefit manager or person not to exceed one thousand dollars per day for
29 each day beyond the date the report is due or the date specified by the
30 superintendent for response to the inquiry.

31 (c) All documents, materials, or other information disclosed by a
32 pharmacy benefit manager under this section which is in the control or
33 possession of the superintendent shall be deemed confidential, shall not
34 be disclosed, either pursuant to freedom of information requests or
35 subpoena, and further shall not be subject to discovery or admissible in
36 evidence in any private civil action; provided however that nothing in
37 this subdivision shall prevent the superintendent, in his or her sole
38 discretion, from providing to any other governmental entity information
39 the superintendent deems necessary for the enforcement of the laws of
40 this state or of the United States.

41 § 2905. Acting without a license. (a) No person, firm, association,
42 corporation or other entity may act as a pharmacy benefit manager on or
43 after January first, two thousand twenty-three without having authority
44 to do so by virtue of a license issued in force pursuant to the
45 provisions of this article.

46 (b) Any person, firm, association, corporation or other entity that
47 violates this section shall, in addition to any other penalty provided
48 by law, be subject to a penalty not exceeding the greater of (1) one
49 thousand dollars for the first violation and two thousand five hundred
50 dollars for each subsequent violation or (2) the aggregate economic
51 gross receipts attributable to all violations.

52 § 2906. Licensing of a pharmacy benefit manager. (a) The superinten-
53 dent may issue a pharmacy benefit manager's license to any person, firm,
54 association or corporation who or that has complied with the require-
55 ments of this article, including regulations promulgated by the super-
56 intendent. The superintendent, in consultation with the commissioner of

1 health, may establish, by regulation, minimum standards for the issuance
2 of a license to a pharmacy benefit manager.

3 (b) The minimum standards established under this section may address,
4 without limitation:

5 (1) prohibitions on conflicts of interest between pharmacy benefit
6 managers and health plans;

7 (2) prohibitions on deceptive practices in connection with the
8 performance of pharmacy benefit management services;

9 (3) prohibitions on anti-competitive practices in connection with the
10 performance of pharmacy benefit management services;

11 (4) prohibitions on pricing models, which may include prohibitions on
12 spread pricing;

13 (5) prohibitions on unfair claims practices in connection with the
14 performance of pharmacy benefit management services;

15 (6) codification of standards and practices in the creation of pharma-
16 cy networks and contracting with network pharmacies and other providers;

17 (7) prohibitions on contract provisions which arbitrarily require a
18 pharmacy to meet any pharmacy accreditation standard or recertification
19 requirement inconsistent with or more stringent than, or in addition to
20 federal or state requirements and codification of standards and prac-
21 tices in the creation and use of specialty pharmacy networks; and

22 (8) best practices for protection of consumers.

23 (c) The superintendent may require any or all of the members, offi-
24 cers, directors, or designated employees of the applicant to be named in
25 the application for a license under this article. For each business
26 entity, the officer or officers and director or directors named in the
27 application shall be designated responsible for the business entity's
28 compliance with the insurance laws, rules and regulations of this state.

29 (d)(1) Before a pharmacy benefit manager's license shall be issued or
30 renewed, the prospective licensee shall properly file in the office of
31 the superintendent a written application therefor in such form or forms
32 and supplements thereto as the superintendent prescribes, and pay a fee
33 of two thousand dollars for each year or fraction of a year in which a
34 license shall be valid.

35 (2) Every pharmacy benefit manager's license shall expire thirty-six
36 months after the date of issue. Every license issued pursuant to this
37 section may be renewed for the ensuing period of thirty-six months upon
38 the filing of an application in conformity with this subsection.

39 (e) If an application for a renewal license shall have been filed with
40 the superintendent at least two months before its expiration, then the
41 license sought to be renewed shall continue in full force and effect
42 either until the issuance by the superintendent of the renewal license
43 applied for or until five days after the superintendent shall have
44 refused to issue such renewal license and given notice of such refusal
45 to the applicant.

46 (f) The superintendent may refuse to issue a pharmacy benefit manag-
47 er's license if, in the superintendent's judgment, the applicant or any
48 member, principal, officer or director of the applicant, is not trust-
49 worthy and competent to act as or in connection with a pharmacy benefit
50 manager, or that any of the foregoing has given cause for revocation or
51 suspension of such license, or has failed to comply with any prerequi-
52 site for the issuance of such license. As a part of such determination,
53 the superintendent is authorized to fingerprint applicants or any
54 member, principal, officer or director of the applicant for licensure.
55 Such fingerprints shall be submitted to the division of criminal justice
56 services for a state criminal history record check, as defined in subdi-

1 vision one of section three thousand thirty-five of the education law,
2 and may be submitted to the federal bureau of investigation for a
3 national criminal history record check.

4 (g) Licensees and applicants for a license under this section shall be
5 subject to examination by the superintendent as often as the superinten-
6 dent may deem it expedient. The superintendent may promulgate regu-
7 lations establishing methods and procedures for facilitating and verify-
8 ing compliance with the requirements of this section and such other
9 regulations as necessary.

10 (h) The superintendent may issue a replacement for a currently
11 in-force license that has been lost or destroyed. Before the replacement
12 license shall be issued, there shall be on file in the office of the
13 superintendent a written application for the replacement license,
14 affirming under penalty of perjury that the original license has been
15 lost or destroyed, together with a fee of two hundred dollars.

16 (i) No pharmacy benefit manager shall engage in any practice or action
17 that a health plan is prohibited from engaging in pursuant to this chap-
18 ter.

19 § 2907. Revocation or suspension of a registration or license of a
20 pharmacy benefit manager. (a) The superintendent may refuse to renew,
21 may revoke, or may suspend for a period the superintendent determines
22 the registration or license of any pharmacy benefit manager if, the
23 superintendent determines that the registrant or licensee or any member,
24 principal, officer, director, or controlling person of the registrant or
25 licensee, has:

26 (1) violated any insurance laws, section two hundred eighty-a or two
27 hundred eighty-c of the public health law or violated any regulation,
28 subpoena or order of the superintendent or of another state's insurance
29 commissioner, or has violated any law in the course of its dealings in
30 such capacity after such license has been issued or renewed pursuant to
31 section two thousand nine hundred six of this article;

32 (2) provided materially incorrect, materially misleading, materially
33 incomplete or materially untrue information in the registration or
34 license application;

35 (3) obtained or attempted to obtain a registration or license through
36 misrepresentation or fraud;

37 (4)(i) used fraudulent, coercive or dishonest practices;

38 (ii) demonstrated incompetence;

39 (iii) demonstrated untrustworthiness; or

40 (iv) demonstrated financial irresponsibility in the conduct of busi-
41 ness in this state or elsewhere;

42 (5) improperly withheld, misappropriated or converted any monies or
43 properties received in the course of business in this state or else-
44 where;

45 (6) intentionally misrepresented the terms of an actual or proposed
46 insurance contract;

47 (7) admitted or been found to have committed any insurance unfair
48 trade practice or fraud;

49 (8) had a pharmacy benefit manager registration or license, or its
50 equivalent, denied, suspended or revoked in any other state, province,
51 district or territory;

52 (9) failed to pay state income tax or comply with any administrative
53 or court order directing payment of state income tax;

54 (10) failed to pay any assessment required by this article; or

55 (11) ceased to meet the requirements for registration or licensure
56 under this article.

1 (b) Before revoking or suspending the registration or license of any
2 pharmacy benefit manager pursuant to the provisions of this article, the
3 superintendent shall give notice to the registrant or licensee and shall
4 hold, or cause to be held, a hearing not less than ten days after the
5 giving of such notice.

6 (c) If a registration or license pursuant to the provisions of this
7 article is revoked or suspended by the superintendent, then the super-
8 intendent shall forthwith give notice to the registrant or licensee.

9 (d) The revocation or suspension of any registration or license pursu-
10 ant to the provisions of this article shall terminate forthwith such
11 registration or license and the authority conferred thereby upon all
12 licensees. For good cause shown, the superintendent may delay the effec-
13 tive date of a revocation or suspension to permit the registrant or
14 licensee to satisfy some or all of its contractual obligations to
15 perform pharmacy benefit management services in the state.

16 (e)(1) No individual, corporation, firm or association whose registra-
17 tion or license as a pharmacy benefit manager has been revoked pursuant
18 to subsection (a) of this section, and no firm or association of which
19 such individual is a member, and no corporation of which such individual
20 is an officer or director, and no controlling person of the registrant
21 or licensee shall be entitled to obtain any registration or license
22 under the provisions of this article for a minimum period of one year
23 after such revocation, or, if such revocation be judicially reviewed,
24 for a minimum period of one year after the final determination thereof
25 affirming the action of the superintendent in revoking such license.

26 (2) If any such registration or license held by a firm, association or
27 corporation be revoked, no member of such firm or association and no
28 officer or director of such corporation or any controlling person of the
29 registrant or licensee shall be entitled to obtain any registration or
30 license, under this article for the same period of time, unless the
31 superintendent determines, after notice and hearing, that such member,
32 officer or director was not personally at fault in the matter on account
33 of which such registration or license was revoked.

34 (f) If any corporation, firm, association or person aggrieved shall
35 file with the superintendent a verified complaint setting forth facts
36 tending to show sufficient ground for the revocation or suspension of
37 any pharmacy benefit manager's registration or license, then if the
38 superintendent finds the complaint credible, the superintendent shall,
39 after notice and a hearing, determine whether such registration or
40 license shall be suspended or revoked.

41 (g) The superintendent shall retain the authority to enforce the
42 provisions of and impose any penalty or remedy authorized by this chap-
43 ter against any person or entity who is under investigation for or
44 charged with a violation of this chapter, even if the person's or enti-
45 ty's registration or license has been surrendered, or has expired or has
46 lapsed by operation of law.

47 (h) A registrant or licensee subject to this article shall report to
48 the superintendent any administrative action taken against the regis-
49 trant or licensee or any of the members, officers, directors, or desig-
50 nated employees of the applicant named in the registration or licensing
51 application in another jurisdiction or by another governmental agency in
52 this state within thirty days of the final disposition of the matter.
53 This report shall include a copy of the order, consent to order or other
54 relevant legal documents.

55 (i) Within thirty days of the initial pretrial hearing date, a regis-
56 trant or licensee subject to this article shall report to the super-

1 intendent any criminal prosecution of the registrant or licensee or any
2 of the members, officers, directors, or designated employees of the
3 applicant named in the registration or licensing application taken in
4 any jurisdiction. The report shall include a copy of the initial
5 complaint filed, the order resulting from the hearing and any other
6 relevant legal documents.

7 § 2908. Penalties for violations. (a) In addition to any other power
8 conferred by law, the superintendent may in any one proceeding by order,
9 require a registrant or licensee who has violated any provision of this
10 article or whose license would otherwise be subject to revocation or
11 suspension to pay to the people of this state a penalty in a sum not
12 exceeding the greater of: (1) one thousand dollars for each offense and
13 two thousand five hundred dollars for each subsequent violation; or (2)
14 the aggregate gross receipts attributable to all offenses.

15 (b) Upon the failure of such a registrant or licensee to pay the
16 penalty ordered pursuant to subsection (a) of this section within twenty
17 days after the mailing of the order, postage prepaid, registered, and
18 addressed to the last known place of business of the licensee, unless
19 the order is stayed by an order of a court of competent jurisdiction,
20 the superintendent may revoke the registration or license of the regis-
21 trant or licensee or may suspend the same for such period as the super-
22 intendent determines.

23 § 2909. Stay or suspension of superintendent's determination. The
24 commencement of a proceeding under article seventy-eight of the civil
25 practice law and rules, to review the action of the superintendent in
26 suspending or revoking or refusing to renew any certificate under this
27 article, shall stay such action of the superintendent for a period of
28 thirty days. Such stay shall not be extended for a longer period unless
29 the court shall determine, after a preliminary hearing of which the
30 superintendent is notified forty-eight hours in advance, that a stay of
31 the superintendent's action pending the final determination or further
32 order of the court will not injure the interests of the people of the
33 state.

34 § 2910. Revoked registrations or licenses. (a)(1) No person, firm,
35 association, corporation or other entity subject to the provisions of
36 this article whose registration or license under this article has been
37 revoked, or whose registration or license to engage in the business of
38 pharmacy benefit management in any capacity has been revoked by any
39 other state or territory of the United States shall become employed or
40 appointed by a pharmacy benefit manager as an officer, director, manag-
41 er, controlling person or for other services, without the prior written
42 approval of the superintendent, unless such services are for maintenance
43 or are clerical or ministerial in nature.

44 (2) No person, firm, association, corporation or other entity subject
45 to the provisions of this article shall knowingly employ or appoint any
46 person or entity whose registration or license issued under this article
47 has been revoked, or whose registration or license to engage in the
48 business of pharmacy benefit management in any capacity has been revoked
49 by any other state or territory of the United States, as an officer,
50 director, manager, controlling person or for other services, without the
51 prior written approval of the superintendent, unless such services are
52 for maintenance or are clerical or ministerial in nature.

53 (3) No corporation or partnership subject to the provisions of this
54 article shall knowingly permit any person whose registration or license
55 issued under this article has been revoked, or whose registration or
56 license to engage in the business of pharmacy benefit management in any

1 capacity has been revoked by any other state, or territory of the United
2 States, to be a shareholder or have an interest in such corporation or
3 partnership, nor shall any such person become a shareholder or partner
4 in such corporation or partnership, without the prior written approval
5 of the superintendent.

6 (b) The superintendent may approve the employment, appointment or
7 participation of any such person whose registration or license has been
8 revoked:

9 (1) if the superintendent determines that the duties and responsibil-
10 ities of such person are subject to appropriate supervision and that
11 such duties and responsibilities will not have an adverse effect upon
12 the public, other registrants or licensees, or the registrant or licen-
13 see proposing employment or appointment of such person; or

14 (2) if such person has filed an application for reregistration or
15 relicensing pursuant to this article and the application for reregistra-
16 tion or relicensing has not been approved or denied within one hundred
17 twenty days following the filing thereof, unless the superintendent
18 determines within the said time that employment or appointment of such
19 person by a registrant or licensee in the conduct of a pharmacy benefit
20 management business would not be in the public interest.

21 (c) The provisions of this section shall not apply to the ownership of
22 shares of any corporation registered or licensed pursuant to this arti-
23 cle if the shares of such corporation are publicly held and traded in
24 the over-the-counter market or upon any national or regional securities
25 exchange.

26 § 2911. Change of address. A registrant or licensee under this article
27 shall inform the superintendent by a means acceptable to the superinten-
28 dent of a change of address within thirty days of the change.

29 § 2912. Duties. (a) A pharmacy benefit manager shall be required to
30 adhere to the code of conduct, as the superintendent may establish by
31 regulation pursuant to section twenty-nine hundred six of this article.

32 (b) No contract with a health plan shall limit access to financial or
33 utilization information of the pharmacy benefit manager in relation to
34 pharmacy benefit management services provided to the health plan.

35 (c) A pharmacy benefit manager shall disclose in writing to a health
36 plan with whom a contract for pharmacy benefit management services has
37 been executed any activity, policy, practice, contract or arrangement of
38 the pharmacy benefit manager that directly or indirectly presents a
39 conflict of interest with the pharmacy benefit manager's contractual
40 relationship with, or duties and obligations to, the health plan.

41 (d) A pharmacy benefit manager shall assist a health plan in answering
42 any inquiry made under section three hundred eight of this chapter.

43 (e) No pharmacy benefit manager shall violate any provision of the
44 public health law applicable to pharmacy benefit managers.

45 (f) (1) Any information required to be disclosed by a pharmacy benefit
46 manager to a health plan under this section that is reasonably desig-
47 nated by the pharmacy benefit manager as proprietary or trade secret
48 information shall be kept confidential by the health plan, except as
49 required or permitted by law or court order, including disclosure neces-
50 sary to prosecute or defend any legitimate legal claim or cause of
51 action.

52 (2) Designation as proprietary or trade secret information under this
53 subsection shall have no effect on the obligations of any pharmacy bene-
54 fit manager or health plan to provide that information to the depart-
55 ment.

1 § 2913. Applicability of other laws. Nothing in this article shall be
2 construed to exempt a pharmacy benefit manager from complying with the
3 provisions of articles twenty-one and forty-nine of this chapter and
4 articles forty-four and forty-nine and sections two hundred eighty-a and
5 two hundred eighty-c of the public health law, section three hundred
6 sixty-four-j of the social services law, or any other provision of this
7 chapter or the financial services law.

8 § 2914. Assessments. Notwithstanding section two hundred six of the
9 financial services law, pharmacy benefit managers that file a registra-
10 tion with the department or are licensed by the department shall be
11 assessed by the superintendent for the operating expenses of the depart-
12 ment that are attributable to regulating such pharmacy benefit managers
13 in such proportions as the superintendent shall deem just and reason-
14 able.

15 § 2. Subsection (b) of section 2402 of the insurance law, as amended
16 by section 71 of part A of chapter 62 of the laws of 2011, is amended to
17 read as follows:

18 (b) "Defined violation" means the commission by a person of an act
19 prohibited by: subsection (a) of section one thousand one hundred two,
20 section one thousand two hundred fourteen, one thousand two hundred
21 seventeen, one thousand two hundred twenty, one thousand three hundred
22 thirteen, subparagraph (B) of paragraph two of subsection (i) of section
23 one thousand three hundred twenty-two, subparagraph (B) of paragraph two
24 of subsection (i) of section one thousand three hundred twenty-four, two
25 thousand one hundred two, two thousand one hundred seventeen, two thou-
26 sand one hundred twenty-two, two thousand one hundred twenty-three,
27 subsection (p) of section two thousand three hundred thirteen, section
28 two thousand three hundred twenty-four, two thousand five hundred two,
29 two thousand five hundred three, two thousand five hundred four, two
30 thousand six hundred one, two thousand six hundred two, two thousand six
31 hundred three, two thousand six hundred four, two thousand six hundred
32 six, two thousand seven hundred three, two thousand nine hundred two,
33 two thousand nine hundred five, three thousand one hundred nine, three
34 thousand two hundred twenty-four-a, three thousand four hundred twenty-
35 nine, three thousand four hundred thirty-three, paragraph seven of
36 subsection (e) of section three thousand four hundred twenty-six, four
37 thousand two hundred twenty-four, four thousand two hundred twenty-five,
38 four thousand two hundred twenty-six, seven thousand eight hundred nine,
39 seven thousand eight hundred ten, seven thousand eight hundred eleven,
40 seven thousand eight hundred thirteen, seven thousand eight hundred
41 fourteen and seven thousand eight hundred fifteen of this chapter; or
42 section 135.60, 135.65, 175.05, 175.45, or 190.20, or article one
43 hundred five of the penal law.

44 § 3. Severability. If any provision of this act, or any application of
45 any provision of this act, is held to be invalid, or ruled by any feder-
46 al agency to violate or be inconsistent with any applicable federal law
47 or regulation, that shall not affect the validity or effectiveness of
48 any other provision of this act, or of any other application of any
49 provision of this act.

50 § 4. This act shall take effect immediately.

51 PART K

52 Section 1. Section 18 of chapter 266 of the laws of 1986, amending the
53 civil practice law and rules and other laws relating to malpractice and

1 professional medical conduct is amended by adding a new subdivision 9 to
2 read as follows:

3 (9) This subdivision shall apply only to excess insurance coverage or
4 equivalent excess coverage for physicians or dentists that is eligible
5 to be paid for from funds available in the hospital excess liability
6 pool.

7 (a) Notwithstanding any law to the contrary, for any policy period
8 beginning on or after July 1, 2021, excess coverage shall be purchased
9 by a physician or dentist directly from a provider of excess insurance
10 coverage or equivalent excess coverage. Such provider of excess insur-
11 ance coverage or equivalent excess coverage shall bill, in a manner
12 consistent with paragraph (e) of this subdivision, the physician or
13 dentist for an amount equal to fifty percent of the premium for such
14 coverage, as established pursuant to paragraph (c) of this subdivision,
15 during the policy period. At the conclusion of the policy period the
16 superintendent of financial services and the commissioner of health or
17 their designee shall, from funds available in the hospital excess
18 liability pool created pursuant to subdivision 5 of this section, pay
19 half of the remaining fifty percent of the premium to the provider of
20 excess insurance coverage or equivalent excess coverage, and the remain-
21 ing twenty-five percent shall be paid one year thereafter. If the funds
22 available in the hospital excess liability pool are insufficient to meet
23 the percent of the costs of the excess coverage, the provisions of
24 subdivision 8 of this section shall apply.

25 (b) If at the conclusion of the policy period, a physician or dentist,
26 eligible for excess coverage paid for from funds available in the hospi-
27 tal excess liability pool, has failed to pay an amount equal to fifty
28 percent of the premium as established pursuant to paragraph (c) of this
29 subdivision, such excess coverage shall be cancelled and shall be null
30 and void as of the first day on or after the commencement of a policy
31 period where the liability for payment pursuant to this subdivision has
32 not been met. The provider of excess coverage shall remit any portion
33 of premium paid by the eligible physician or dentist for such a policy
34 period.

35 (c) The superintendent of financial services shall establish a rate
36 consistent with subdivision 3 of this section that providers of excess
37 insurance coverage or equivalent excess coverage will charge for such
38 coverage for each policy period. For the policy period beginning July
39 1, 2021, the superintendent of financial services may direct that the
40 premium for that policy period be the same as it was for the policy
41 period that concluded June 30, 2020.

42 (d) No provider of excess insurance coverage or equivalent excess
43 coverage shall issue excess coverage to which this subdivision applies
44 to any physician or dentist unless that physician or dentist meets the
45 eligibility requirements for such coverage set forth in this section.
46 The superintendent of financial services and the commissioner of health
47 or their designee shall not make any payment under this subdivision to a
48 provider of excess insurance coverage or equivalent excess coverage for
49 excess coverage issued to a physician or dentist who does not meet the
50 eligibility requirements for participation in the hospital excess
51 liability pool program set forth in this section.

52 (e) A provider of excess insurance coverage or equivalent coverage
53 that issues excess coverage under this subdivision shall bill the physi-
54 cian or dentist for the portion of the premium required under paragraph
55 (a) of this subdivision in twelve equal monthly installments or in such
56 other manner as the physician or dentist may agree.

1 (f) The superintendent of financial services in consultation with the
2 commissioner of health may promulgate regulations giving effect to the
3 provisions of this subdivision.

4 § 2. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of
5 the laws of 1986, amending the civil practice law and rules and other
6 laws relating to malpractice and professional medical conduct, as
7 amended by section 1 of part AAA of chapter 56 of the laws of 2020, is
8 amended to read as follows:

9 (a) The superintendent of financial services and the commissioner of
10 health or their designee shall, from funds available in the hospital
11 excess liability pool created pursuant to subdivision 5 of this section,
12 purchase a policy or policies for excess insurance coverage, as author-
13 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
14 law; or from an insurer, other than an insurer described in section 5502
15 of the insurance law, duly authorized to write such coverage and actual-
16 ly writing medical malpractice insurance in this state; or shall
17 purchase equivalent excess coverage in a form previously approved by the
18 superintendent of financial services for purposes of providing equiv-
19 alent excess coverage in accordance with section 19 of chapter 294 of
20 the laws of 1985, for medical or dental malpractice occurrences between
21 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
22 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
23 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
24 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
25 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
26 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
27 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
28 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
29 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
30 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
31 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
32 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
33 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
34 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
35 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
36 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
37 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
38 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
39 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
40 and June 30, 2020, ~~and~~ between July 1, 2020 and June 30, 2021, and
41 between July 1, 2021 and June 30, 2022 or reimburse the hospital where
42 the hospital purchases equivalent excess coverage as defined in subpara-
43 graph (i) of paragraph (a) of subdivision 1-a of this section for
44 medical or dental malpractice occurrences between July 1, 1987 and June
45 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
46 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
47 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
48 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
49 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
50 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
51 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
52 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
53 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
54 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
55 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
56 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June

30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, ~~and~~ between July 1, 2020 and June 30, 2021, and between July 1, 2021 and June 30, 2022 for physicians or dentists certified as eligible for each such period or periods pursuant to subdivision 2 of this section by a general hospital licensed pursuant to article 28 of the public health law; provided that no single insurer shall write more than fifty percent of the total excess premium for a given policy year; and provided, however, that such eligible physicians or dentists must have in force an individual policy, from an insurer licensed in this state of primary malpractice insurance coverage in amounts of no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants under that policy during the period of such excess coverage for such occurrences or be endorsed as additional insureds under a hospital professional liability policy which is offered through a voluntary attending physician ("channeling") program previously permitted by the superintendent of financial services during the period of such excess coverage for such occurrences. During such period, such policy for excess coverage or such equivalent excess coverage shall, when combined with the physician's or dentist's primary malpractice insurance coverage or coverage provided through a voluntary attending physician ("channeling") program, total an aggregate level of two million three hundred thousand dollars for each claimant and six million nine hundred thousand dollars for all claimants from all such policies with respect to occurrences in each of such years provided, however, if the cost of primary malpractice insurance coverage in excess of one million dollars, but below the excess medical malpractice insurance coverage provided pursuant to this act, exceeds the rate of nine percent per annum, then the required level of primary malpractice insurance coverage in excess of one million dollars for each claimant shall be in an amount of not less than the dollar amount of such coverage available at nine percent per annum; the required level of such coverage for all claimants under that policy shall be in an amount not less than three times the dollar amount of coverage for each claimant; and excess coverage, when combined with such primary malpractice insurance coverage, shall increase the aggregate level for each claimant by one million dollars and three million dollars for all claimants; and provided further, that, with respect to policies of primary medical malpractice coverage that include occurrences between April 1, 2002 and June 30, 2002, such requirement that coverage be in amounts no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants for such occurrences shall be effective April 1, 2002.

§ 3. Subdivision 3 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 2 of part AAA of chapter 56 of the laws of 2020, is amended to read as follows:

(3)(a) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance for medical or dental malpractice

1 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
2 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
3 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
4 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
5 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
6 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
7 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
8 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
9 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
10 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
11 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
12 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
13 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
14 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
15 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, [and]
16 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
17 30, 2015, between July 1, 2015 and June 30, 2016, [and] between July 1,
18 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between
19 July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
20 [and] between July 1, 2020 and June 30, 2021, and between July 1, 2021
21 and June 30, 2022 allocable to each general hospital for physicians or
22 dentists certified as eligible for purchase of a policy for excess
23 insurance coverage by such general hospital in accordance with subdivi-
24 sion 2 of this section, and may amend such determination and certif-
25 ication as necessary.

26 (b) The superintendent of financial services shall determine and
27 certify to each general hospital and to the commissioner of health the
28 cost of excess malpractice insurance or equivalent excess coverage for
29 medical or dental malpractice occurrences between July 1, 1987 and June
30 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
31 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
32 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
33 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
34 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
35 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
36 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
37 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
38 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
39 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
40 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
41 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
42 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
43 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
44 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
45 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
46 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
47 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
48 1, 2019 and June 30, 2020, [and] between July 1, 2020 and June 30, 2021,
49 and between July 1, 2021 and June 30, 2022 allocable to each general
50 hospital for physicians or dentists certified as eligible for purchase
51 of a policy for excess insurance coverage or equivalent excess coverage
52 by such general hospital in accordance with subdivision 2 of this
53 section, and may amend such determination and certification as neces-
54 sary. The superintendent of financial services shall determine and
55 certify to each general hospital and to the commissioner of health the
56 ratable share of such cost allocable to the period July 1, 1987 to

1 December 31, 1987, to the period January 1, 1988 to June 30, 1988, to
2 the period July 1, 1988 to December 31, 1988, to the period January 1,
3 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989,
4 to the period January 1, 1990 to June 30, 1990, to the period July 1,
5 1990 to December 31, 1990, to the period January 1, 1991 to June 30,
6 1991, to the period July 1, 1991 to December 31, 1991, to the period
7 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
8 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
9 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
10 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
11 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December
12 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
13 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
14 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
15 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
16 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
17 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
18 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
19 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,
20 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
21 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
22 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
23 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
24 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
25 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the
26 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
27 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
28 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
29 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
30 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
31 30, 2019, to the period July 1, 2019 to June 30, 2020, [and] to the
32 period July 1, 2020 to June 30, 2021, and to the period July 1, 2021 to
33 June 30, 2022.

34 § 4. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
35 18 of chapter 266 of the laws of 1986, amending the civil practice law
36 and rules and other laws relating to malpractice and professional
37 medical conduct, as amended by section 3 of part AAA of chapter 56 of
38 the laws of 2020, are amended to read as follows:

39 (a) To the extent funds available to the hospital excess liability
40 pool pursuant to subdivision 5 of this section as amended, and pursuant
41 to section 6 of part J of chapter 63 of the laws of 2001, as may from
42 time to time be amended, which amended this subdivision, are insuffi-
43 cient to meet the costs of excess insurance coverage or equivalent
44 excess coverage for coverage periods during the period July 1, 1992 to
45 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
46 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
47 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
48 during the period July 1, 1997 to June 30, 1998, during the period July
49 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
50 2000, during the period July 1, 2000 to June 30, 2001, during the period
51 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
52 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
53 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
54 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
55 during the period July 1, 2006 to June 30, 2007, during the period July
56 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,

1 2009, during the period July 1, 2009 to June 30, 2010, during the period
2 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
3 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
4 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to
5 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
6 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
7 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
8 during the period July 1, 2019 to June 30, 2020, [and] during the period
9 July 1, 2020 to June 30, 2021, and during the period July 1, 2021 to

10 June 30, 2022 allocated or reallocated in accordance with paragraph (a)
11 of subdivision 4-a of this section to rates of payment applicable to
12 state governmental agencies, each physician or dentist for whom a policy
13 for excess insurance coverage or equivalent excess coverage is purchased
14 for such period shall be responsible for payment to the provider of
15 excess insurance coverage or equivalent excess coverage of an allocable
16 share of such insufficiency, based on the ratio of the total cost of
17 such coverage for such physician to the sum of the total cost of such
18 coverage for all physicians applied to such insufficiency.

19 (b) Each provider of excess insurance coverage or equivalent excess
20 coverage covering the period July 1, 1992 to June 30, 1993, or covering
21 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
22 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
23 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
24 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
25 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
26 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
27 the period July 1, 2001 to October 29, 2001, or covering the period
28 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
29 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
30 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
31 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
32 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
33 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
34 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
35 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
36 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
37 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
38 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or
39 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
40 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to
41 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
42 covering the period July 1, 2020 to June 30, 2021, or covering the peri-
43 od July 1, 2021 to June 30, 2022 shall notify a covered physician or
44 dentist by mail, mailed to the address shown on the last application for
45 excess insurance coverage or equivalent excess coverage, of the amount
46 due to such provider from such physician or dentist for such coverage
47 period determined in accordance with paragraph (a) of this subdivision.
48 Such amount shall be due from such physician or dentist to such provider
49 of excess insurance coverage or equivalent excess coverage in a time and
50 manner determined by the superintendent of financial services.

51 (c) If a physician or dentist liable for payment of a portion of the
52 costs of excess insurance coverage or equivalent excess coverage cover-
53 ing the period July 1, 1992 to June 30, 1993, or covering the period
54 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
55 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
56 covering the period July 1, 1996 to June 30, 1997, or covering the peri-

1 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
2 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
3 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
4 od July 1, 2001 to October 29, 2001, or covering the period April 1,
5 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
6 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
7 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
8 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
9 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
10 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
11 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
12 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
13 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
14 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
15 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
16 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
17 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
18 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
19 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
20 2021 to June 30, 2022 determined in accordance with paragraph (a) of
21 this subdivision fails, refuses or neglects to make payment to the
22 provider of excess insurance coverage or equivalent excess coverage in
23 such time and manner as determined by the superintendent of financial
24 services pursuant to paragraph (b) of this subdivision, excess insurance
25 coverage or equivalent excess coverage purchased for such physician or
26 dentist in accordance with this section for such coverage period shall
27 be cancelled and shall be null and void as of the first day on or after
28 the commencement of a policy period where the liability for payment
29 pursuant to this subdivision has not been met.

30 (d) Each provider of excess insurance coverage or equivalent excess
31 coverage shall notify the superintendent of financial services and the
32 commissioner of health or their designee of each physician and dentist
33 eligible for purchase of a policy for excess insurance coverage or
34 equivalent excess coverage covering the period July 1, 1992 to June 30,
35 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
36 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
37 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
38 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
39 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
40 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
41 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
42 ing the period April 1, 2002 to June 30, 2002, or covering the period
43 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
44 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
45 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
46 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to
47 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
48 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
49 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
50 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
51 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
52 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
53 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
54 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
55 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
56 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or

1 covering the period July 1, 2021 to June 30, 2022 that has made payment
2 to such provider of excess insurance coverage or equivalent excess
3 coverage in accordance with paragraph (b) of this subdivision and of
4 each physician and dentist who has failed, refused or neglected to make
5 such payment.

6 (e) A provider of excess insurance coverage or equivalent excess
7 coverage shall refund to the hospital excess liability pool any amount
8 allocable to the period July 1, 1992 to June 30, 1993, and to the period
9 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
10 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
11 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
12 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
13 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
14 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
15 and to the period April 1, 2002 to June 30, 2002, and to the period July
16 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
17 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
18 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
19 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
20 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
21 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
22 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
23 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
24 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
25 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
26 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
27 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
28 and to the period July 1, 2020 to June 30, 2021, and to the period July
29 1, 2021 to June 30, 2022 received from the hospital excess liability
30 pool for purchase of excess insurance coverage or equivalent excess
31 coverage covering the period July 1, 1992 to June 30, 1993, and covering
32 the period July 1, 1993 to June 30, 1994, and covering the period July
33 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June
34 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and
35 covering the period July 1, 1997 to June 30, 1998, and covering the
36 period July 1, 1998 to June 30, 1999, and covering the period July 1,
37 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30,
38 2001, and covering the period July 1, 2001 to October 29, 2001, and
39 covering the period April 1, 2002 to June 30, 2002, and covering the
40 period July 1, 2002 to June 30, 2003, and covering the period July 1,
41 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30,
42 2005, and covering the period July 1, 2005 to June 30, 2006, and cover-
43 ing the period July 1, 2006 to June 30, 2007, and covering the period
44 July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to
45 June 30, 2009, and covering the period July 1, 2009 to June 30, 2010,
46 and covering the period July 1, 2010 to June 30, 2011, and covering the
47 period July 1, 2011 to June 30, 2012, and covering the period July 1,
48 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30,
49 2014, and covering the period July 1, 2014 to June 30, 2015, and cover-
50 ing the period July 1, 2015 to June 30, 2016, and covering the period
51 July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to
52 June 30, 2018, and covering the period July 1, 2018 to June 30, 2019,
53 and covering the period July 1, 2019 to June 30, 2020, and covering the
54 period July 1, 2020 to June 30, 2021, and covering the period July 1,
55 2021 to June 30, 2022 for a physician or dentist where such excess

1 insurance coverage or equivalent excess coverage is cancelled in accord-
2 ance with paragraph (c) of this subdivision.

3 § 5. Section 40 of chapter 266 of the laws of 1986, amending the civil
4 practice law and rules and other laws relating to malpractice and
5 professional medical conduct, as amended by section 5 of part AAA of
6 chapter 56 of the laws of 2020, is amended to read as follows:

7 § 40. The superintendent of financial services shall establish rates
8 for policies providing coverage for physicians and surgeons medical
9 malpractice for the periods commencing July 1, 1985 and ending June 30,
10 ~~2021~~ 2022; provided, however, that notwithstanding any other provision
11 of law, the superintendent shall not establish or approve any increase
12 in rates for the period commencing July 1, 2009 and ending June 30,
13 2010. The superintendent shall direct insurers to establish segregated
14 accounts for premiums, payments, reserves and investment income attrib-
15 utable to such premium periods and shall require periodic reports by the
16 insurers regarding claims and expenses attributable to such periods to
17 monitor whether such accounts will be sufficient to meet incurred claims
18 and expenses. On or after July 1, 1989, the superintendent shall impose
19 a surcharge on premiums to satisfy a projected deficiency that is
20 attributable to the premium levels established pursuant to this section
21 for such periods; provided, however, that such annual surcharge shall
22 not exceed eight percent of the established rate until July 1, ~~2021~~
23 2022, at which time and thereafter such surcharge shall not exceed twen-
24 ty-five percent of the approved adequate rate, and that such annual
25 surcharges shall continue for such period of time as shall be sufficient
26 to satisfy such deficiency. The superintendent shall not impose such
27 surcharge during the period commencing July 1, 2009 and ending June 30,
28 2010. On and after July 1, 1989, the surcharge prescribed by this
29 section shall be retained by insurers to the extent that they insured
30 physicians and surgeons during the July 1, 1985 through June 30, ~~2021~~
31 2022 policy periods; in the event and to the extent physicians and
32 surgeons were insured by another insurer during such periods, all or a
33 pro rata share of the surcharge, as the case may be, shall be remitted
34 to such other insurer in accordance with rules and regulations to be
35 promulgated by the superintendent. Surcharges collected from physicians
36 and surgeons who were not insured during such policy periods shall be
37 apportioned among all insurers in proportion to the premium written by
38 each insurer during such policy periods; if a physician or surgeon was
39 insured by an insurer subject to rates established by the superintendent
40 during such policy periods, and at any time thereafter a hospital,
41 health maintenance organization, employer or institution is responsible
42 for responding in damages for liability arising out of such physician's
43 or surgeon's practice of medicine, such responsible entity shall also
44 remit to such prior insurer the equivalent amount that would then be
45 collected as a surcharge if the physician or surgeon had continued to
46 remain insured by such prior insurer. In the event any insurer that
47 provided coverage during such policy periods is in liquidation, the
48 property/casualty insurance security fund shall receive the portion of
49 surcharges to which the insurer in liquidation would have been entitled.
50 The surcharges authorized herein shall be deemed to be income earned for
51 the purposes of section 2303 of the insurance law. The superintendent,
52 in establishing adequate rates and in determining any projected defi-
53 ciency pursuant to the requirements of this section and the insurance
54 law, shall give substantial weight, determined in his discretion and
55 judgment, to the prospective anticipated effect of any regulations
56 promulgated and laws enacted and the public benefit of stabilizing

malpractice rates and minimizing rate level fluctuation during the period of time necessary for the development of more reliable statistical experience as to the efficacy of such laws and regulations affecting medical, dental or podiatric malpractice enacted or promulgated in 1985, 1986, by this act and at any other time. Notwithstanding any provision of the insurance law, rates already established and to be established by the superintendent pursuant to this section are deemed adequate if such rates would be adequate when taken together with the maximum authorized annual surcharges to be imposed for a reasonable period of time whether or not any such annual surcharge has been actually imposed as of the establishment of such rates.

§ 6. Section 5 and subdivisions (a) and (e) of section 6 of part J of chapter 63 of the laws of 2001, amending chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 6 of part AAA of chapter 56 of the laws of 2020, are amended to read as follows:

§ 5. The superintendent of financial services and the commissioner of health shall determine, no later than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June 15, 2020, ~~and~~ June 15, 2021, and June 15, 2022 the amount of funds available in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, and whether such funds are sufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30, 2022 as applicable.

(a) This section shall be effective only upon a determination, pursuant to section five of this act, by the superintendent of financial services and the commissioner of health, and a certification of such determination to the state director of the budget, the chair of the senate committee on finance and the chair of the assembly committee on ways and means, that the amount of funds in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, is insufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,

1 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30, 2022
2 as applicable.

3 (e) The commissioner of health shall transfer for deposit to the
4 hospital excess liability pool created pursuant to section 18 of chapter
5 266 of the laws of 1986 such amounts as directed by the superintendent
6 of financial services for the purchase of excess liability insurance
7 coverage for eligible participating physicians and dentists for the
8 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,
9 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
10 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
11 2007, as applicable, and the cost of administering the hospital excess
12 liability pool for such applicable policy year, pursuant to the program
13 established in chapter 266 of the laws of 1986, as amended, no later
14 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June
15 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,
16 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,
17 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June
18 15, 2020, ~~[and]~~ June 15, 2021, and June 15, 2022 as applicable.

19 § 7. Section 20 of part H of chapter 57 of the laws of 2017, amending
20 the New York Health Care Reform Act of 1996 and other laws relating to
21 extending certain provisions thereto, as amended by section 7 of part
22 AAA of chapter 56 of the laws of 2020, is amended to read as follows:

23 § 20. Notwithstanding any law, rule or regulation to the contrary,
24 only physicians or dentists who were eligible, and for whom the super-
25 intendent of financial services and the commissioner of health, or their
26 designee, purchased, with funds available in the hospital excess liabil-
27 ity pool, a full or partial policy for excess coverage or equivalent
28 excess coverage for the coverage period ending the thirtieth of June,
29 two thousand ~~[twenty]~~ twenty-one, shall be eligible to apply for such
30 coverage for the coverage period beginning the first of July, two thou-
31 sand ~~[twenty]~~ twenty-one; provided, however, if the total number of
32 physicians or dentists for whom such excess coverage or equivalent
33 excess coverage was purchased for the policy year ending the thirtieth
34 of June, two thousand ~~[twenty]~~ twenty-one exceeds the total number of
35 physicians or dentists certified as eligible for the coverage period
36 beginning the first of July, two thousand ~~[twenty]~~ twenty-one, then the
37 general hospitals may certify additional eligible physicians or dentists
38 in a number equal to such general hospital's proportional share of the
39 total number of physicians or dentists for whom excess coverage or
40 equivalent excess coverage was purchased with funds available in the
41 hospital excess liability pool as of the thirtieth of June, two thousand
42 ~~[twenty]~~ twenty-one, as applied to the difference between the number of
43 eligible physicians or dentists for whom a policy for excess coverage or
44 equivalent excess coverage was purchased for the coverage period ending
45 the thirtieth of June, two thousand ~~[twenty]~~ twenty-one and the number
46 of such eligible physicians or dentists who have applied for excess
47 coverage or equivalent excess coverage for the coverage period beginning
48 the first of July, two thousand ~~[twenty]~~ twenty-one.

49 § 8. This act shall take effect immediately and shall be deemed to
50 have been in full force and effect on and after April 1, 2021.

51 PART L

52 Section 1. Subdivision 2 of section 605 of the public health law, as
53 amended by section 1 of part 0 of chapter 57 of the laws of 2019, is
54 amended to read as follows:

2. State aid reimbursement for public health services provided by a municipality under this title, shall be made if the municipality is providing some or all of the core public health services identified in section six hundred two of this title, pursuant to an approved application for state aid, at a rate of no less than thirty-six per centum, except for the city of New York which shall receive no less than ~~[twenty]~~ **ten** per centum, of the difference between the amount of moneys expended by the municipality for public health services required by section six hundred two of this title during the fiscal year and the base grant provided pursuant to subdivision one of this section. No such reimbursement shall be provided for services that are not eligible for state aid pursuant to this article.

§ 2. Subdivision 1 of section 616 of the public health law, as amended by section 2 of part 0 of chapter 57 of the laws of 2019, is amended to read as follows:

1. The total amount of state aid provided pursuant to this article shall be limited to the amount of the annual appropriation made by the legislature. In no event, however, shall such state aid be less than an amount to provide the full base grant and, as otherwise provided by subdivision two of section six hundred five of this article, no less than thirty-six per centum, except for the city of New York which shall receive no less than ~~[twenty]~~ **ten** per centum, of the difference between the amount of moneys expended by the municipality for eligible public health services pursuant to an approved application for state aid during the fiscal year and the base grant provided pursuant to subdivision one of section six hundred five of this article.

§ 3. This act shall take effect July 1, 2021.

PART M

Section 1. Subdivision 1, paragraph (f) of subdivision 3, paragraphs (a) and (d) of subdivision 5 and subdivisions 5-a and 12 of section 2807-m of the public health law, subdivision 1, paragraph (f) of subdivision 3, paragraph (a) of subdivision 5, and subdivision 5-a as amended and paragraph (d) of subdivision 5 as added by section 6 of part Y of chapter 56 of the laws of 2020, are amended to read as follows:

1. Definitions. For purposes of this section, the following definitions shall apply, unless the context clearly requires otherwise:

(a) ~~["Clinical research" means patient-oriented research, epidemiologic and behavioral studies, or outcomes research and health services research that is approved by an institutional review board by the time the clinical research position is filled.]~~

(b) ~~"Clinical research plan" means a plan submitted by a consortium or teaching general hospital for a clinical research position which demonstrates, in a form to be provided by the commissioner, the following:~~

(i) ~~financial support for overhead, supervision, equipment and other resources equal to the amount of funding provided pursuant to subparagraph (i) of paragraph (b) of subdivision five-a of this section by the teaching general hospital or consortium for the clinical research position;~~

(ii) ~~experience the sponsor mentor and teaching general hospital has in clinical research and the medical field of the study;~~

(iii) ~~methods, data collection and anticipated measurable outcomes of the clinical research to be performed;~~

(iv) ~~training goals, objectives and experience the researcher will be provided to assess a future career in clinical research;~~

~~(v) scientific relevance, merit and health implications of the research to be performed;~~
~~(vi) information on potential scientific meetings and peer review journals where research results can be disseminated;~~
~~(vii) clear and comprehensive details on the clinical research position;~~
~~(viii) qualifications necessary for the clinical research position and strategy for recruitment;~~
~~(ix) non-duplication with other clinical research positions from the same teaching general hospital or consortium;~~
~~(x) methods to track the career of the clinical researcher once the term of the position is complete; and~~
~~(xi) any other information required by the commissioner to implement subparagraph (i) of paragraph (b) of subdivision five-a of this section.~~
~~(xii) The clinical review plan submitted in accordance with this paragraph may be reviewed by the commissioner in consultation with experts outside the department of health.~~
~~(c) "Clinical research position" means a post-graduate residency position which:~~
~~(i) shall not be required in order for the researcher to complete a graduate medical education program;~~
~~(ii) may be reimbursed by other sources but only for costs in excess of the funding distributed in accordance with subparagraph (i) of paragraph (b) of subdivision five-a of this section;~~
~~(iii) shall exceed the minimum standards that are required by the residency review committee in the specialty the researcher has trained or is currently training;~~
~~(iv) shall not be previously funded by the teaching general hospital or supported by another funding source at the teaching general hospital in the past three years from the date the clinical research plan is submitted to the commissioner;~~
~~(v) may supplement an existing research project;~~
~~(vi) shall be equivalent to a full-time position comprising of no less than thirty-five hours per week for one or two years;~~
~~(vii) shall provide, or be filled by a researcher who has formalized instruction in clinical research, including biostatistics, clinical trial design, grant writing and research ethics;~~
~~(viii) shall be supervised by a sponsor-mentor who shall either (A) be employed, contracted for employment or paid through an affiliated faculty practice plan by a teaching general hospital which has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; (B) maintain a faculty appointment at a medical, dental or podiatric school located in New York state that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; or (C) be collaborating in the clinical research plan with a researcher from another institution that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; and~~
~~(ix) shall be filled by a researcher who is (A) enrolled or has completed a graduate medical education program, as defined in paragraph (i) of this subdivision; (B) a United States citizen, national, or permanent resident of the United States; and (C) a graduate of a medical, dental or podiatric school located in New York state, a gradu-~~

~~ate or resident in a graduate medical education program, as defined in paragraph (i) of this subdivision, where the sponsoring institution, as defined in paragraph (q) of this subdivision, is located in New York state, or resides in New York state at the time the clinical research plan is submitted to the commissioner.~~

~~(d)~~ "Consortium" means an organization or association, approved by the commissioner in consultation with the council, of general hospitals which provide graduate medical education, together with any affiliated site; provided that such organization or association may also include other providers of health care services, medical schools, payors or consumers, and which meet other criteria pursuant to subdivision six of this section.

~~(e)~~ ~~(b)~~ "Council" means the New York state council on graduate medical education.

~~(f)~~ ~~(c)~~ "Direct medical education" means the direct costs of residents, interns and supervising physicians.

~~(g)~~ ~~(d)~~ "Distribution period" means each calendar year set forth in subdivision two of this section.

~~(h)~~ ~~(e)~~ "Faculty" means persons who are employed by or under contract for employment with a teaching general hospital or are paid through a teaching general hospital's affiliated faculty practice plan and maintain a faculty appointment at a medical school. Such persons shall not be limited to persons with a degree in medicine.

~~(i)~~ ~~(f)~~ "Graduate medical education program" means a post-graduate medical education residency in the United States which has received accreditation from a nationally recognized accreditation body or has been approved by a nationally recognized organization for medical, osteopathic, podiatric or dental residency programs including, but not limited to, specialty boards.

~~(j)~~ ~~(g)~~ "Indirect medical education" means the estimate of costs, other than direct costs, of educational activities in teaching hospitals as determined in accordance with the methodology applicable for purposes of determining an estimate of indirect medical education costs for reimbursement for inpatient hospital service pursuant to title XVIII of the federal social security act (medicare).

~~(k)~~ ~~(h)~~ "Medicare" means the methodology used for purposes of reimbursing inpatient hospital services provided to beneficiaries of title XVIII of the federal social security act.

~~(l)~~ ~~(i)~~ "Primary care" residents specialties shall include family medicine, general pediatrics, primary care internal medicine, and primary care obstetrics and gynecology. In determining whether a residency is in primary care, the commissioner shall consult with the council.

~~(m)~~ ~~(j)~~ "Regions", for purposes of this section, shall mean the regions as defined in paragraph (b) of subdivision sixteen of section twenty-eight hundred seven-c of this article as in effect on June thirtieth, nineteen hundred ninety-six. For purposes of distributions pursuant to subdivision five-a of this section, except distributions made in accordance with paragraph (a) of subdivision five-a of this section, "regions" shall be defined as New York city and the rest of the state.

~~(n)~~ ~~(k)~~ "Regional pool" means a professional education pool established on a regional basis by the commissioner from funds available pursuant to sections twenty-eight hundred seven-s and twenty-eight hundred seven-t of this article.

~~(o)~~ ~~(l)~~ "Resident" means a person in a graduate medical education program which has received accreditation from a nationally recognized accreditation body or in a program approved by any other nationally

1 recognized organization for medical, osteopathic or dental residency
2 programs including, but not limited to, specialty boards.

3 ~~[(p)] "Shortage specialty" means a specialty determined by the commis-~~
4 ~~sioner, in consultation with the council, to be in short supply in the~~
5 ~~state of New York.~~

6 ~~(q)]~~ (m) "Sponsoring institution" means the entity that has the over-
7 all responsibility for a program of graduate medical education. Such
8 institutions shall include teaching general hospitals, medical schools,
9 consortia and diagnostic and treatment centers.

10 ~~(+)]~~ (n) "Weighted resident count" means a teaching general hospi-
11 tal's total number of residents as of July first, nineteen hundred nine-
12 ty-five, including residents in affiliated non-hospital ambulatory
13 settings, reported to the commissioner. Such resident counts shall
14 reflect the weights established in accordance with rules and regulations
15 adopted by the state hospital review and planning council and approved
16 by the commissioner for purposes of implementing subdivision twenty-five
17 of section twenty-eight hundred seven-c of this article and in effect on
18 July first, nineteen hundred ninety-five. Such weights shall not be
19 applied to specialty hospitals, specified by the commissioner, whose
20 primary care mission is to engage in research, training and clinical
21 care in specialty eye and ear, special surgery, orthopedic, joint
22 disease, cancer, chronic care or rehabilitative services.

23 ~~(+)]~~ (o) "Adjustment amount" means an amount determined for each
24 teaching hospital for periods prior to January first, two thousand nine
25 by:

26 (i) determining the difference between (A) a calculation of what each
27 teaching general hospital would have been paid if payments made pursuant
28 to paragraph (a-3) of subdivision one of section twenty-eight hundred
29 seven-c of this article between January first, nineteen hundred ninety-
30 six and December thirty-first, two thousand three were based solely on
31 the case mix of persons eligible for medical assistance under the
32 medical assistance program pursuant to title eleven of article five of
33 the social services law who are enrolled in health maintenance organiza-
34 tions and persons paid for under the family health plus program enrolled
35 in approved organizations pursuant to title eleven-D of article five of
36 the social services law during those years, and (B) the actual payments
37 to each such hospital pursuant to paragraph (a-3) of subdivision one of
38 section twenty-eight hundred seven-c of this article between January
39 first, nineteen hundred ninety-six and December thirty-first, two thou-
40 sand three.

41 (ii) reducing proportionally each of the amounts determined in subpar-
42 agraph (i) of this paragraph so that the sum of all such amounts totals
43 no more than one hundred million dollars;

44 (iii) further reducing each of the amounts determined in subparagraph
45 (ii) of this paragraph by the amount received by each hospital as a
46 distribution from funds designated in paragraph (a) of subdivision five
47 of this section attributable to the period January first, two thousand
48 three through December thirty-first, two thousand three, except that if
49 such amount was provided to a consortium then the amount of the
50 reduction for each hospital in the consortium shall be determined by
51 applying the proportion of each hospital's amount determined under
52 subparagraph (i) of this paragraph to the total of such amounts of all
53 hospitals in such consortium to the consortium award;

54 (iv) further reducing each of the amounts determined in subparagraph
55 (iii) of this paragraph by the amounts specified in paragraph ~~(+)]~~ (p)
56 of this subdivision; and

(v) dividing each of the amounts determined in subparagraph (iii) of this paragraph by seven.

~~[(t)]~~ ~~(p)~~ "Extra reduction amount" shall mean an amount determined for a teaching hospital for which an adjustment amount is calculated pursuant to paragraph ~~[(s)]~~ ~~(o)~~ of this subdivision that is the hospital's proportionate share of the sum of the amounts specified in paragraph ~~[(u)]~~ ~~(q)~~ of this subdivision determined based upon a comparison of the hospital's remaining liability calculated pursuant to paragraph ~~[(s)]~~ ~~(o)~~ of this subdivision to the sum of all such hospital's remaining liabilities.

~~[(u)]~~ ~~(q)~~ "Allotment amount" shall mean an amount determined for teaching hospitals as follows:

(i) for a hospital for which an adjustment amount pursuant to paragraph ~~[(s)]~~ ~~(o)~~ of this subdivision does not apply, the amount received by the hospital pursuant to paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three, or

(ii) for a hospital for which an adjustment amount pursuant to paragraph ~~[(s)]~~ ~~(o)~~ of this subdivision applies and which received a distribution pursuant to paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three that is greater than the hospital's adjustment amount, the difference between the distribution amount and the adjustment amount.

(f) Effective January first, two thousand five through December thirty-first, two thousand eight, each teaching general hospital shall receive a distribution from the applicable regional pool based on its distribution amount determined under paragraphs (c), (d) and (e) of this subdivision and reduced by its adjustment amount calculated pursuant to paragraph ~~[(s)]~~ ~~(o)~~ of subdivision one of this section and, for distributions for the period January first, two thousand five through December thirty-first, two thousand five, further reduced by its extra reduction amount calculated pursuant to paragraph ~~[(t)]~~ ~~(p)~~ of subdivision one of this section.

(a) Up to thirty-one million dollars annually for the periods January first, two thousand through December thirty-first, two thousand three, and up to twenty-five million dollars plus the sum of the amounts specified in paragraph ~~[(n)]~~ ~~(k)~~ of subdivision one of this section for the period January first, two thousand five through December thirty-first, two thousand five, and up to thirty-one million dollars annually for the period January first, two thousand six through December thirty-first, two thousand seven, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section for supplemental distributions in each such region to be made by the commissioner to consortia and teaching general hospitals in accordance with a distribution methodology developed in consultation with the council and specified in rules and regulations adopted by the commissioner.

(d) Notwithstanding any other provision of law or regulation, for the period January first, two thousand five through December thirty-first, two thousand five, the commissioner shall distribute as supplemental payments the allotment specified in paragraph ~~[(n)]~~ ~~(k)~~ of subdivision one of this section.

5-a. Graduate medical education innovations pool. (a) Supplemental distributions. (i) Thirty-one million dollars for the period January first, two thousand eight through December thirty-first, two thousand

1 eight, shall be set aside and reserved by the commissioner from the
2 regional pools established pursuant to subdivision two of this section
3 and shall be available for distributions pursuant to subdivision five of
4 this section and in accordance with section 86-1.89 of title 10 of the
5 codes, rules and regulations of the state of New York as in effect on
6 January first, two thousand eight[; ~~provided, however, for purposes of~~
7 ~~funding the empire clinical research investigator program (ECRIP) in~~
8 ~~accordance with paragraph eight of subdivision (e) and paragraph two of~~
9 ~~subdivision (f) of section 86-1.89 of title 10 of the codes, rules and~~
10 ~~regulations of the state of New York, distributions shall be made using~~
11 ~~two regions defined as New York city and the rest of the state and the~~
12 ~~dollar amount set forth in subparagraph (i) of paragraph two of subdivi-~~
13 ~~sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-~~
14 ~~lations of the state of New York shall be increased from sixty thousand~~
15 ~~dollars to seventy five thousand dollars].~~

16 (ii) For periods on and after January first, two thousand nine,
17 supplemental distributions pursuant to subdivision five of this section
18 and in accordance with section 86-1.89 of title 10 of the codes, rules
19 and regulations of the state of New York shall no longer be made and the
20 provisions of section 86-1.89 of title 10 of the codes, rules and regu-
21 lations of the state of New York shall be null and void.

22 (b) ~~[Empire clinical research investigator program (ECRIP). Nine~~
23 ~~million one hundred twenty thousand dollars annually for the period~~
24 ~~January first, two thousand nine through December thirty-first, two~~
25 ~~thousand ten, and two million two hundred eighty thousand dollars for~~
26 ~~the period January first, two thousand eleven, through March thirty-~~
27 ~~first, two thousand eleven, nine million one hundred twenty thousand~~
28 ~~dollars each state fiscal year for the period April first, two thousand~~
29 ~~eleven through March thirty-first, two thousand fourteen, up to eight~~
30 ~~million six hundred twelve thousand dollars each state fiscal year for~~
31 ~~the period April first, two thousand fourteen through March thirty-~~
32 ~~first, two thousand seventeen, up to eight million six hundred twelve~~
33 ~~thousand dollars each state fiscal year for the period April first, two~~
34 ~~thousand seventeen through March thirty-first, two thousand twenty, and~~
35 ~~up to eight million six hundred twelve thousand dollars each state~~
36 ~~fiscal year for the period April first, two thousand twenty through~~
37 ~~March thirty-first, two thousand twenty-three, shall be set aside and~~
38 ~~reserved by the commissioner from the regional pools established pursu-~~
39 ~~ant to subdivision two of this section to be allocated regionally with~~
40 ~~two thirds of the available funding going to New York city and one third~~
41 ~~of the available funding going to the rest of the state and shall be~~
42 ~~available for distribution as follows:~~

43 ~~Distributions shall first be made to consortia and teaching general~~
44 ~~hospitals for the empire clinical research investigator program (ECRIP)~~
45 ~~to help secure federal funding for biomedical research, train clinical~~
46 ~~researchers, recruit national leaders as faculty to act as mentors, and~~
47 ~~train residents and fellows in biomedical research skills based on~~
48 ~~hospital-specific data submitted to the commissioner by consortia and~~
49 ~~teaching general hospitals in accordance with clause (C) of this subpar-~~
50 ~~agraph. Such distributions shall be made in accordance with the follow-~~
51 ~~ing methodology:~~

52 ~~(A) The greatest number of clinical research positions for which a~~
53 ~~consortium or teaching general hospital may be funded pursuant to this~~
54 ~~subparagraph shall be one percent of the total number of residents~~
55 ~~training at the consortium or teaching general hospital on July first,~~
56 ~~two thousand eight for the period January first, two thousand nine~~

~~through December thirty first, two thousand nine rounded up to the nearest one position.~~

~~(B) Distributions made to a consortium or teaching general hospital shall equal the product of the total number of clinical research positions submitted by a consortium or teaching general hospital and accepted by the commissioner as meeting the criteria set forth in paragraph (b) of subdivision one of this section, subject to the reduction calculation set forth in clause (C) of this subparagraph, times one hundred ten thousand dollars.~~

~~(C) If the dollar amount for the total number of clinical research positions in the region calculated pursuant to clause (B) of this subparagraph exceeds the total amount appropriated for purposes of this paragraph, including clinical research positions that continue from and were funded in prior distribution periods, the commissioner shall eliminate one half of the clinical research positions submitted by each consortium or teaching general hospital rounded down to the nearest one position. Such reduction shall be repeated until the dollar amount for the total number of clinical research positions in the region does not exceed the total amount appropriated for purposes of this paragraph. If the repeated reduction of the total number of clinical research positions in the region by one half does not render a total funding amount that is equal to or less than the total amount reserved for that region within the appropriation, the funding for each clinical research position in that region shall be reduced proportionally in one thousand dollar increments until the total dollar amount for the total number of clinical research positions in that region does not exceed the total amount reserved for that region within the appropriation. Any reduction in funding will be effective for the duration of the award. No clinical research positions that continue from and were funded in prior distribution periods shall be eliminated or reduced by such methodology.~~

~~(D) Each consortium or teaching general hospital shall receive its annual distribution amount in accordance with the following:~~

~~(I) Each consortium or teaching general hospital with a one-year ECRIP award shall receive its annual distribution amount in full upon completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.~~

~~(II) Each consortium or teaching general hospital with a two-year ECRIP award shall receive its first annual distribution amount in full upon completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. Each consortium or teaching general hospital will receive its second annual distribution amount in full upon completion of the requirements set forth in item (III) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.~~

~~(E) Each consortium or teaching general hospital receiving distributions pursuant to this subparagraph shall reserve seventy five thousand dollars to primarily fund salary and fringe benefits of the clinical research position with the remainder going to fund the development of~~

~~faculty who are involved in biomedical research, training and clinical care.~~

~~(F) Undistributed or returned funds available to fund clinical research positions pursuant to this paragraph for a distribution period shall be available to fund clinical research positions in a subsequent distribution period.~~

~~(G) In order to be eligible for distributions pursuant to this subparagraph, each consortium and teaching general hospital shall provide to the commissioner by July first of each distribution period, the following data and information on a hospital specific basis. Such data and information shall be certified as to accuracy and completeness by the chief executive officer, chief financial officer or chair of the consortium governing body of each consortium or teaching general hospital and shall be maintained by each consortium and teaching general hospital for five years from the date of submission:~~

~~(I) For each clinical research position, information on the type, scope, training objectives, institutional support, clinical research experience of the sponsor-mentor, plans for submitting research outcomes to peer reviewed journals and at scientific meetings, including a meeting sponsored by the department, the name of a principal contact person responsible for tracking the career development of researchers placed in clinical research positions, as defined in paragraph (c) of subdivision one of this section, and who is authorized to certify to the commissioner that all the requirements of the clinical research training objectives set forth in this subparagraph shall be met. Such certification shall be provided by July first of each distribution period;~~

~~(II) For each clinical research position, information on the name, citizenship status, medical education and training, and medical license number of the researcher, if applicable, shall be provided by December thirty-first of the calendar year following the distribution period;~~

~~(III) Information on the status of the clinical research plan, accomplishments, changes in research activities, progress, and performance of the researcher shall be provided upon completion of one-half of the award term;~~

~~(IV) A final report detailing training experiences, accomplishments, activities and performance of the clinical researcher, and data, methods, results and analyses of the clinical research plan shall be provided three months after the clinical research position ends; and~~

~~(V) Tracking information concerning past researchers, including but not limited to (A) background information, (B) employment history, (C) research status, (D) current research activities, (E) publications and presentations, (F) research support, and (G) any other information necessary to track the researcher; and~~

~~(VI) Any other data or information required by the commissioner to implement this subparagraph.~~

~~(H) Notwithstanding any inconsistent provision of this subdivision, for periods on and after April first, two thousand thirteen, ECRIP grant awards shall be made in accordance with rules and regulations promulgated by the commissioner. Such regulations shall, at a minimum:~~

~~(1) provide that ECRIP grant awards shall be made with the objective of securing federal funding for biomedical research, training clinical researchers, recruiting national leaders as faculty to act as mentors, and training residents and fellows in biomedical research skills;~~

~~(2) provide that ECRIP grant applicants may include interdisciplinary research teams comprised of teaching general hospitals acting in collab-~~

~~oration with entities including but not limited to medical centers, hospitals, universities and local health departments;~~

~~(3) provide that applications for ECRIP grant awards shall be based on such information requested by the commissioner, which shall include but not be limited to hospital specific data;~~

~~(4) establish the qualifications for investigators and other staff required for grant projects eligible for ECRIP grant awards; and~~

~~(5) establish a methodology for the distribution of funds under ECRIP grant awards.~~

(e) Physician loan repayment program. One million nine hundred sixty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, one million nine hundred sixty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, one million nine hundred sixty thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, and up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for purposes of physician loan repayment in accordance with subdivision ten of this section. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

(i) Funding shall first be awarded to repay loans of up to twenty-five physicians who train in primary care or specialty tracks in teaching general hospitals, and who enter and remain in primary care or specialty practices in underserved communities, as determined by the commissioner.

(ii) After distributions in accordance with subparagraph (i) of this paragraph, all remaining funds shall be awarded to repay loans of physicians who enter and remain in primary care or specialty practices in underserved communities, as determined by the commissioner, including but not limited to physicians working in general hospitals, or other health care facilities.

(iii) In no case shall less than fifty percent of the funds available pursuant to this paragraph be distributed in accordance with subparagraphs (i) and (ii) of this paragraph to physicians identified by general hospitals.

(iv) In addition to the funds allocated under this paragraph, for the period April first, two thousand fifteen through March thirty-first, two

1 thousand sixteen, two million dollars shall be available for the
2 purposes described in subdivision ten of this section;

3 (v) In addition to the funds allocated under this paragraph, for the
4 period April first, two thousand sixteen through March thirty-first, two
5 thousand seventeen, two million dollars shall be available for the
6 purposes described in subdivision ten of this section;

7 (vi) Notwithstanding any provision of law to the contrary, and subject
8 to the extension of the Health Care Reform Act of 1996, sufficient funds
9 shall be available for the purposes described in subdivision ten of this
10 section in amounts necessary to fund the remaining year commitments for
11 awards made pursuant to subparagraphs (iv) and (v) of this paragraph.

12 ~~(d)~~ (c) Physician practice support. Four million nine hundred thou-
13 sand dollars for the period January first, two thousand eight through
14 December thirty-first, two thousand eight, four million nine hundred
15 thousand dollars annually for the period January first, two thousand
16 nine through December thirty-first, two thousand ten, one million two
17 hundred twenty-five thousand dollars for the period January first, two
18 thousand eleven through March thirty-first, two thousand eleven, four
19 million three hundred thousand dollars each state fiscal year for the
20 period April first, two thousand eleven through March thirty-first, two
21 thousand fourteen, up to four million three hundred sixty thousand
22 dollars each state fiscal year for the period April first, two thousand
23 fourteen through March thirty-first, two thousand seventeen, up to four
24 million three hundred sixty thousand dollars for each state fiscal year
25 for the period April first, two thousand seventeen through March thir-
26 ty-first, two thousand twenty, and up to four million three hundred
27 sixty thousand dollars for each fiscal year for the period April first,
28 two thousand twenty through March thirty-first, two thousand twenty-
29 three, shall be set aside and reserved by the commissioner from the
30 regional pools established pursuant to subdivision two of this section
31 and shall be available for purposes of physician practice support.
32 Notwithstanding any contrary provision of this section, sections one
33 hundred twelve and one hundred sixty-three of the state finance law, or
34 any other contrary provision of law, such funding shall be allocated
35 regionally with one-third of available funds going to New York city and
36 two-thirds of available funds going to the rest of the state and shall
37 be distributed in a manner to be determined by the commissioner without
38 a competitive bid or request for proposal process as follows:

39 (i) Preference in funding shall first be accorded to teaching general
40 hospitals for up to twenty-five awards, to support costs incurred by
41 physicians trained in primary or specialty tracks who thereafter estab-
42 lish or join practices in underserved communities, as determined by the
43 commissioner.

44 (ii) After distributions in accordance with subparagraph (i) of this
45 paragraph, all remaining funds shall be awarded to physicians to support
46 the cost of establishing or joining practices in underserved communi-
47 ties, as determined by the commissioner, and to hospitals and other
48 health care providers to recruit new physicians to provide services in
49 underserved communities, as determined by the commissioner.

50 (iii) In no case shall less than fifty percent of the funds available
51 pursuant to this paragraph be distributed to general hospitals in
52 accordance with subparagraphs (i) and (ii) of this paragraph.

53 ~~(e)~~ (d) Work group. For funding available pursuant to paragraphs
54 ~~(c) and (d) (e)~~ (b) and (c) of this subdivision:

55 (i) The department shall appoint a work group from recommendations
56 made by associations representing physicians, general hospitals and

1 other health care facilities to develop a streamlined application process by June first, two thousand twelve.

2
3 (ii) Subject to available funding, applications shall be accepted on a continuous basis. The department shall provide technical assistance to applicants to facilitate their completion of applications. An applicant shall be notified in writing by the department within ten days of receipt of an application as to whether the application is complete and if the application is incomplete, what information is outstanding. The department shall act on an application within thirty days of receipt of a complete application.

10
11 ~~[(f)]~~ (e) Study on physician workforce. Five hundred ninety thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, one hundred forty-eight thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, five hundred sixteen thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to four hundred eighty-seven thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, and up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available to fund a study of physician workforce needs and solutions including, but not limited to, an analysis of residency programs and projected physician workforce and community needs. The commissioner shall enter into agreements with one or more organizations to conduct such study based on a request for proposal process.

32
33 ~~[(g)]~~ (f) Diversity in medicine/post-baccalaureate program. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, one million nine hundred sixty thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, and up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for distributions to the Associated Medical Schools of New York to fund its diversity program including existing and new post-baccalaureate programs for minority and economically disadvantaged students and encourage participation from all medical schools in New York. The associated medical schools of New York shall report to the commissioner

1 on an annual basis regarding the use of funds for such purpose in such
2 form and manner as specified by the commissioner.

3 ~~[(h)]~~ (g) In the event there are undistributed funds within amounts
4 made available for distributions pursuant to this subdivision, such
5 funds may be reallocated and distributed in current or subsequent
6 distribution periods in a manner determined by the commissioner for any
7 purpose set forth in this subdivision.

8 12. Notwithstanding any provision of law to the contrary, applications
9 submitted on or after April first, two thousand sixteen, for the physi-
10 cian loan repayment program pursuant to paragraph ~~[(e)]~~ (b) of subdivi-
11 sion five-a of this section and subdivision ten of this section or the
12 physician practice support program pursuant to paragraph ~~[(e)]~~ (c) of
13 subdivision five-a of this section, shall be subject to the following
14 changes:

15 (a) Awards shall be made from the total funding available for new
16 awards under the physician loan repayment program and the physician
17 practice support program, with neither program limited to a specific
18 funding amount within such total funding available;

19 (b) An applicant may apply for an award for either physician loan
20 repayment or physician practice support, but not both;

21 (c) An applicant shall agree to practice for three years in an under-
22 served area and each award shall provide up to forty thousand dollars
23 for each of the three years; and

24 (d) To the extent practicable, awards shall be timed to be of use for
25 job offers made to applicants.

26 § 2. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
27 2807-s of the public health law, as amended by section 8 of part Y of
28 chapter 56 of the laws of 2020, is amended to read as follows:

29 (xvi) provided further, however, for periods prior to July first, two
30 thousand nine, amounts set forth in this paragraph shall be reduced by
31 an amount equal to the actual distribution reductions for all facilities
32 pursuant to paragraph ~~[(s)]~~ (o) of subdivision one of section twenty-
33 eight hundred seven-m of this article.

34 § 3. Subdivision (c) of section 92-dd of the state finance law, as
35 amended by section 9 of part Y of chapter 56 of the laws of 2020, is
36 amended to read as follows:

37 (c) The pool administrator shall, from appropriated funds transferred
38 to the pool administrator from the comptroller, continue to make
39 payments as required pursuant to sections twenty-eight hundred seven-k,
40 twenty-eight hundred seven-m (not including payments made pursuant to
41 subdivision five-b and paragraphs (b), (c) ~~[(d)], [(f)]~~ and ~~[(g)]~~ (f) of
42 subdivision five-a of section twenty-eight hundred seven-m), and twen-
43 ty-eight hundred seven-w of the public health law, paragraph (e) of
44 subdivision twenty-five of section twenty-eight hundred seven-c of the
45 public health law, paragraphs (b) and (c) of subdivision thirty of
46 section twenty-eight hundred seven-c of the public health law, paragraph
47 (b) of subdivision eighteen of section twenty-eight hundred eight of the
48 public health law, subdivision seven of section twenty-five hundred-d of
49 the public health law and section eighty-eight of chapter one of the
50 laws of nineteen hundred ninety-nine.

51 § 4. Subdivision 2 of section 251 of the public health law, as added
52 by chapter 338 of the laws of 1998, is amended to read as follows:

53 2. Solicit, receive, and review applications from public and private
54 agencies and organizations and qualified research institutions for
55 grants from the spinal cord injury research trust fund, created pursuant
56 to section ninety-nine-f of the state finance law, to conduct research

1 programs which focus on the treatment and cure of spinal cord injury.
2 The board shall make recommendations to the commissioner, and the
3 commissioner shall, in his or her discretion, grant approval of applica-
4 tions for grants from those applications recommended by the board;
5 provided, however, that the board shall not recommend, and the commis-
6 sioner shall not approve, any new grants on or after April first, two
7 thousand twenty-one.

8 § 5. Subdivision 1 of section 265-a of the public health law, as added
9 by section 1 of part H of chapter 58 of the laws of 2007, is amended to
10 read as follows:

11 1. The empire state stem cell board ("board"), comprised of a funding
12 committee and an ethics committee, both of which shall be chaired by the
13 commissioner, is hereby created within the department for the purpose of
14 administering the empire state stem cell trust fund ("fund"), created
15 pursuant to section ninety-nine-p of the state finance law. The board is
16 hereby empowered, subject to annual appropriations and other funding
17 authorized or made available, to make grants to basic, applied, transla-
18 tional or other research and development activities that will advance
19 scientific discoveries in fields related to stem cell biology; provided,
20 however, that the board shall not make any grants on or after April
21 first, two thousand twenty-one.

22 § 6. Section 6 of chapter 338 of the laws of 1998 amending the public
23 health law, the public officers law and the state finance law relating
24 to establishing a spinal cord injury research board, is amended to read
25 as follows:

26 § 6. This act shall take effect January 1, 1999 and shall expire and
27 be deemed repealed December 31, 2024.

28 § 7. Section 4 of part H of chapter 58 of the laws of 2007 amending
29 the public health law, the public officers law and the state finance law
30 relating to establishing the empire state stem cell board, is amended to
31 read as follows:

32 § 4. This act shall take effect immediately and shall be deemed to
33 have been in full force and effect on and after April 1, 2007 and shall
34 expire and be deemed repealed December 31, 2025.

35 § 8. This act shall take effect immediately and shall be deemed to
36 have been in full force and effect on and after April 1, 2021; provided,
37 however the amendments to subparagraph (xvi) of paragraph (a) of subdi-
38 vision 7 of section 2807-s of the public health law made by section two
39 of this act shall not affect the expiration of such section and shall be
40 deemed to expire therewith; provided further, however, that the amend-
41 ments to section 251 of the public health law made by section four of
42 this act shall not affect the expiration of such section and shall be
43 deemed to expire therewith; and provided further, however, the amend-
44 ments to section 265-a of the public health law made by section five of
45 this act shall not affect the expiration of such section and shall be
46 deemed to expire therewith.

47 PART N

48 Section 1. Subdivision 3 of section 281 of the public health law, as
49 amended by chapter 13 of the laws of 2015, is amended to read as
50 follows:

51 3. On or before December thirty-first, two thousand twelve, the
52 commissioner shall promulgate regulations, in consultation with the
53 commissioner of education, establishing standards for electronic
54 prescriptions. Notwithstanding any other provision of this section or

1 any other law to the contrary, effective three years subsequent to the
2 date on which such regulations are promulgated, no person shall issue
3 any prescription in this state unless such prescription is made by elec-
4 tronic prescription from the person issuing the prescription to a phar-
5 macy in accordance with such regulatory standards, except for
6 prescriptions: (a) ~~[issued by veterinarians; (b)]~~ issued in circum-
7 stances where electronic prescribing is not available due to temporary
8 technological or electrical failure, as set forth in regulation; ~~[(c)]~~
9 (b) issued by practitioners [who have received a waiver or a renewal
10 thereof for a specified period determined by the commissioner, not to
11 exceed one year, from the requirement to use electronic prescribing,
12 pursuant to a process established in regulation by the commissioner, in
13 consultation with the commissioner of education, due to economic hard-
14 ship, technological limitations that are not reasonably within the
15 control of the practitioner, or other] in such exceptional [circumstance
16 demonstrated by the practitioner; (d)] circumstances as may be deter-
17 mined by the commissioner; (c) issued by a practitioner under circum-
18 stances where, notwithstanding the practitioner's present ability to
19 make an electronic prescription as required by this subdivision, such
20 practitioner reasonably determines that it would be impractical for the
21 patient to obtain substances prescribed by electronic prescription in a
22 timely manner, and such delay would adversely impact the patient's
23 medical condition, provided that if such prescription is for a
24 controlled substance, the quantity of controlled substances does not
25 exceed a five day supply if the controlled substance were used in
26 accordance with the directions for use; or ~~[(e)]~~ (d) issued by a practi-
27 tioner to be dispensed by a pharmacy located outside the state, as set
28 forth in regulation.

29 § 2. Subdivision 5 of section 281 of the public health law, as amended
30 by chapter 350 of the laws of 2016, is amended to read as follows:

31 5. In the case of a prescription for a controlled substance issued by
32 a practitioner under paragraph ~~[(d)]~~ (c) or ~~[(e)]~~ (d) of subdivision
33 three of this section, the practitioner shall, upon issuing such
34 prescription, indicate in the patient's health record either that the
35 prescription was issued other than electronically because it (a) was
36 impractical to issue an electronic prescription in a timely manner and
37 such delay would have adversely impacted the patient's medical condi-
38 tion, or (b) was to be dispensed by a pharmacy located outside the
39 state.

40 § 3. Subdivision 10 of section 6810 of the education law, as amended
41 by chapter 13 of the laws of 2015, is amended to read as follows:

42 10. Notwithstanding any other provision of this section or any other
43 law to the contrary, effective three years subsequent to the date on
44 which regulations establishing standards for electronic prescriptions
45 are promulgated by the commissioner of health, in consultation with the
46 commissioner pursuant to subdivision three of section two hundred eight-
47 y-one of the public health law, no practitioner shall issue any
48 prescription in this state, unless such prescription is made by elec-
49 tronic prescription from the practitioner to a pharmacy, except for
50 prescriptions: (a) ~~[issued by veterinarians; (b)]~~ issued or dispensed in
51 circumstances where electronic prescribing is not available due to
52 temporary technological or electrical failure, as set forth in regu-
53 lation; ~~[(c)]~~ (b) issued by practitioners ~~[who have received a waiver or~~
54 ~~a renewal thereof for a specified period determined by the commissioner~~
55 ~~of health, not to exceed one year, from the requirement to use electron-~~
56 ~~ic prescribing, pursuant to a process established in regulation by the~~

~~commissioner of health, in consultation with the commissioner due to economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other~~ in such exceptional [circumstance demonstrated by the practitioner] circumstances as may be determined by the commissioner of health; ~~(d)~~ (c) issued by a practitioner under circumstances where, notwithstanding the practitioner's present ability to make an electronic prescription as required by this subdivision, such practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition, provided that if such prescription is for a controlled substance, the quantity that does not exceed a five day supply if the controlled substance was used in accordance with the directions for use; or ~~(e)~~ (d) issued by a practitioner to be dispensed by a pharmacy located outside the state, as set forth in regulation.

§ 4. Subdivisions 11 and 12 of section 6810 of the education law, as amended by chapter 350 of the laws of 2016, are amended to read as follows:

11. In the case of a prescription issued by a practitioner under paragraph ~~(b)~~ (a) of subdivision ten of this section, the practitioner shall be required to indicate in the patient's health record that the prescription was issued other than electronically due to temporary technological or electrical failure.

12. In the case of a prescription issued by a practitioner under paragraph ~~(d)~~ (c) or ~~(e)~~ (d) of subdivision ten of this section, the practitioner shall, upon issuing such prescription, indicate in the patient's health record either that the prescription was issued other than electronically because it (a) was impractical to issue an electronic prescription in a timely manner and such delay would have adversely impacted the patient's medical condition, or (b) was to be dispensed by a pharmacy located outside the state.

§ 5. Subdivisions 6 and 7 of section 281 of the public health law are REPEALED.

§ 6. Subdivisions 13 and 15 of section 6810 of the education law are REPEALED.

§ 7. This act shall take effect on November 1, 2021.

PART O

Section 1. Section 461-s of the social services law is REPEALED.

§ 2. Subdivision 9 of section 2803 of the public health law is REPEALED.

§ 3. Paragraph (c) of subdivision 1 of section 461-b of the social services law is REPEALED.

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART P

Section 1. Subdivision 6 of section 571 of the public health law, as amended by chapter 444 of the laws of 2013, is amended to read as follows:

6. "Qualified health care professional" means a physician, dentist, podiatrist, optometrist performing a clinical laboratory test that does not use an invasive modality as defined in section seventy-one hundred

1 one of the education law, pharmacist, physician assistant, specialist
2 assistant, nurse practitioner, or midwife, who is licensed and regis-
3 tered with the state education department.

4 § 2. Section 6801 of the education law is amended by adding two new
5 subdivisions 6 and 7 to read as follows:

6 6. A licensed pharmacist is a qualified health care professional under
7 section five hundred seventy-one of the public health law for the
8 purposes of directing a limited service laboratory and ordering and
9 administering tests approved by the Food and Drug Administration (FDA),
10 subject to certificate of waiver requirements established pursuant to
11 the federal clinical laboratory improvement act of nineteen hundred
12 eighty-eight.

13 7. A licensed pharmacist may act as a referring healthcare provider
14 for diabetes self-management education and asthma self-management train-
15 ing.

16 § 3. Subdivision 7 of section 6527 of the education law, as amended by
17 chapter 110 of the laws of 2020, is amended to read as follows:

18 7. A licensed physician may prescribe and order a patient specific
19 order or non-patient specific regimen to a licensed pharmacist, pursuant
20 to regulations promulgated by the commissioner, and consistent with the
21 public health law, for administering immunizations to prevent influenza,
22 pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria,
23 COVID-19, or pertussis disease or, for patients eighteen years of age or
24 older, any other immunizations recommended by the advisory committee on
25 immunization practices of the centers for disease control and
26 prevention. and medications required for emergency treatment of anaphy-
27 laxis. Nothing in this subdivision shall authorize unlicensed persons to
28 administer immunizations, vaccines or other drugs.

29 § 4. Subdivision 7 of section 6909 of the education law, as amended by
30 chapter 110 of the laws of 2020, is amended to read as follows:

31 7. A certified nurse practitioner may prescribe and order a patient
32 specific order or non-patient specific regimen to a licensed pharmacist,
33 pursuant to regulations promulgated by the commissioner, and consistent
34 with the public health law, for administering immunizations to prevent
35 influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus,
36 diphtheria, COVID-19, or pertussis disease or, for patients eighteen
37 years of age or older, any other immunizations recommended by the advi-
38 sory committee on immunization practices of the centers for disease
39 control and prevention. and medications required for emergency treatment
40 of anaphylaxis. Nothing in this subdivision shall authorize unlicensed
41 persons to administer immunizations, vaccines or other drugs.

42 § 5. Section 6801-a of the education law, as amended by chapter 238 of
43 the laws of 2015, is amended to read as follows:

44 § 6801-a. Collaborative drug therapy management [~~demonstration~~]
45 program. 1. As used in this section, the following terms shall have the
46 following meanings:

47 a. "Board" shall mean the state board of pharmacy as established by
48 section sixty-eight hundred four of this article.

49 b. "Clinical services" shall mean the collection and interpretation of
50 patient data for the purpose of [~~initiating, modifying and~~] monitoring
51 drug therapy and prescribing in order to adjust or manage drug therapy,
52 with associated accountability and responsibility for outcomes in a
53 direct patient care setting.

54 c. "Collaborative drug therapy management" shall mean the performance
55 of clinical services by a pharmacist relating to the review, evaluation
56 and management of drug therapy to a patient, who is being treated by a

1 physician, or nurse practitioner for a specific disease or associated
2 disease states, in accordance with a written agreement or protocol with
3 a voluntarily participating physician, or nurse practitioner and in
4 accordance with the policies, procedures, and protocols of the facility.
5 Such agreement or protocol as entered into by the physician, or nurse
6 practitioner and a pharmacist, may include~~[, and shall be limited to]~~:

7 (i) ~~[adjusting or managing]~~ prescribing in order to adjust or manage a
8 drug regimen of a patient, pursuant to a patient specific order or non-
9 patient specific protocol made by the patient's physician or nurse prac-
10 titioner, which may include adjusting drug strength, frequency of admin-
11 istration or route of administration~~[, Adjusting the drug regimen shall~~
12 ~~not include substituting]~~ or selecting a [different] drug which differs
13 from that initially prescribed by the patient's physician ~~[unless such~~
14 ~~substitution is expressly]~~ or nurse practitioner as authorized in the
15 written ~~[order]~~ agreement or protocol. The pharmacist shall be required
16 to immediately document in the patient record changes made to the
17 patient's drug therapy and shall use any reasonable means or method
18 established by the facility or practice to notify the patient's other
19 treating physicians ~~[with whom he or she does not have a written agree-~~
20 ~~ment or protocol regarding such changes. The patient's physician may~~
21 ~~prohibit, by written instruction, any adjustment or change in the~~
22 ~~patient's drug regimen by the pharmacist]~~, nurse practitioners and other
23 health care professionals as required by the facility or the collabora-
24 tive practice agreement;

25 (ii) evaluating ~~[and, only if specifically]~~ as authorized by the
26 protocol and only to the extent necessary to discharge the responsibil-
27 ities set forth in this section, ordering disease state laboratory tests
28 related to the drug therapy management for the specific disease or
29 disease ~~[state]~~ states specified within the written agreement or proto-
30 col; and

31 (iii) ~~[only if specifically]~~ as authorized by the written agreement or
32 protocol and only to the extent necessary to discharge the responsibil-
33 ities set forth in this section, ordering or performing routine patient
34 monitoring functions as may be necessary in the drug therapy management,
35 including the collecting and reviewing of patient histories, and order-
36 ing or checking patient vital signs~~[, including pulse, temperature,~~
37 ~~blood pressure and respiration]~~.

38 d. "Facility" shall mean~~[: (i)]~~ a ~~[teaching hospital or]~~ general
39 hospital, ~~[including any]~~ diagnostic center, treatment center, or hospi-
40 tal-based outpatient department as defined in section twenty-eight
41 hundred one of the public health law~~[: or (ii)]~~, a nursing home, or any
42 facility as defined in section twenty-eight hundred one of the public
43 health law or other entity that provides direct patient care under the
44 auspices of a medical director; with an on-site pharmacy staffed by a
45 licensed pharmacist; provided, however, for the purposes of this section
46 the term "facility" shall not include dental clinics, dental dispensar-
47 ies~~[, residential health care facilities]~~ and rehabilitation centers. In
48 addition, a "practice" shall mean a place or situation in which physi-
49 cians and nurse practitioners either alone or in group practices provide
50 diagnostic and treatment care for patients.

51 ~~[For the purposes of this section, a "teaching hospital" shall mean a~~
52 ~~hospital licensed pursuant to article twenty-eight of the public health~~
53 ~~law that is eligible to receive direct or indirect graduate medical~~
54 ~~education payments pursuant to article twenty-eight of the public health~~
55 ~~law.]~~

1 e. "Physician or nurse practitioner" shall mean the physician, or
2 nurse practitioner selected by or assigned to a patient, who has primary
3 responsibility for the treatment and care of the patient for the disease
4 and associated disease states that are the subject of the collaborative
5 drug therapy management.

6 f. "Written agreement or protocol" shall mean a written document,
7 pursuant to and consistent with any applicable state or federal require-
8 ments, that addresses a specific disease or associated disease states
9 and that describes the nature and scope of collaborative drug therapy
10 management to be undertaken by the pharmacists, in collaboration with
11 the participating physician, or nurse practitioner in accordance with
12 the provisions of this section.

13 2. a. A pharmacist who meets the experience requirements of paragraph
14 b of this subdivision and who is [~~employed by or otherwise affiliated~~
15 ~~with a facility~~] certified by the department to engage in collaborative
16 drug therapy management and who is either employed by or otherwise
17 affiliated with a facility or is participating with a practicing physi-
18 cian or nurse practitioner shall be permitted to enter into a written
19 agreement or protocol with a physician or nurse practitioner authorizing
20 collaborative drug therapy management, subject to the limitations set
21 forth in this section, within the scope of such employment [~~or~~], affil-
22 iation or participation. Only pharmacists so certified may engage in
23 collaborative drug therapy management as defined in this section.

24 b. A participating pharmacist must:

25 (i) [~~(A) have been awarded either a master of science in clinical phar-~~
26 ~~macy or a doctor of pharmacy degree;~~

27 ~~(B)] maintain a current unrestricted license; and~~

28 [~~(C) have a minimum of two years experience, of which at least one~~
29 ~~year of such experience shall include clinical experience in a health~~
30 ~~facility, which involves consultation with physicians with respect to~~
31 ~~drug therapy and may include a residency at a facility involving such~~
32 ~~consultation; or~~

33 ~~(ii)(A) have been awarded a bachelor of science in pharmacy;~~

34 ~~(B) maintain a current unrestricted license; and~~

35 ~~(C) within the last seven years, have a minimum of three years experi-~~
36 ~~ence, of which at least one year of such experience shall include clin-~~
37 ~~ical experience in a health facility, which involves consultation with~~
38 ~~physicians with respect to drug therapy and may include a residency at a~~
39 ~~facility involving such consultation; and~~

40 ~~(iii) meet any additional education, experience, or other requirements~~
41 ~~set forth by the department in consultation with the board]~~

42 (ii) satisfy any two of the following criteria:

43 (A) certification in a relevant area of practice including but not
44 limited to ambulatory care, critical care, geriatric pharmacy, nuclear
45 pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric phar-
46 macy, pharmacotherapy, or psychiatric pharmacy, from a national accred-
47 iting body as approved by the department;

48 (B) postgraduate residency through an accredited postgraduate program
49 requiring at least fifty percent of the experience be in direct patient
50 care services with interdisciplinary terms; or

51 (C) have provided clinical services to patients for at least one year
52 either:

53 (I) under a collaborative practice agreement or protocol with a physi-
54 cian, nurse practitioner or facility; or

(II) has documented experience in provision of clinical services to patients for at least one year or one thousand hours, and deemed acceptable to the department upon recommendation of the board of pharmacy.

c. Notwithstanding any provision of law, nothing in this section shall prohibit a licensed pharmacist from engaging in clinical services associated with collaborative drug therapy management, in order to gain experience necessary to qualify under ~~[clause (C) of subparagraph (i) or (ii) of paragraph b of this subdivision]~~ item (II) of clause (C) of subparagraph (ii) of paragraph b of this subdivision, provided that such practice is under the supervision of a pharmacist that currently meets the referenced requirement, and that such practice is authorized under the written agreement or protocol with the physician or nurse practitioner.

d. Notwithstanding any provision of this section, nothing herein shall authorize the pharmacist to diagnose disease. In the event that a treating physician or nurse practitioner may disagree with the exercise of professional judgment by a pharmacist, the judgment of the treating physician or nurse practitioner shall prevail.

~~[3. The physician who is a party to a written agreement or protocol authorizing collaborative drug therapy management shall be employed by or otherwise affiliated with the same facility with which the pharmacist is also employed or affiliated.]~~

~~4. [The existence of a written agreement or protocol on collaborative drug therapy management and the patient's right to choose to not participate in collaborative drug therapy management shall be disclosed to any patient who is eligible to receive collaborative drug therapy management. Collaborative drug therapy management shall not be utilized unless the patient or the patient's authorized representative consents, in writing, to such management. If the patient or the patient's authorized representative consents, it shall be noted on the patient's medical record. If the patient or the patient's authorized representative who consented to collaborative drug therapy management chooses to no longer participate in such management, at any time, it shall be noted on the patient's medical record. In addition, the existence of the written agreement or protocol and the patient's consent to such management shall be disclosed to the patient's primary physician and any other treating physician or healthcare provider.]~~ A pharmacist who is certified by the department to engage in collaborative drug therapy management may enter into a written collaborative practice agreement or protocol with a physician, nurse practitioner or practice as an independent health care provider or as an employee of a pharmacy or other health care provider.

5. Participation in a written agreement or protocol authorizing collaborative drug therapy management shall be voluntary, and no patient, physician, nurse practitioner, pharmacist, or facility shall be required to participate.

~~[6. Nothing in this section shall be deemed to limit the scope of practice of pharmacy nor be deemed to limit the authority of pharmacists and physicians to engage in medication management prior to the effective date of this section and to the extent authorized by law.]~~

§ 6. Subparagraph (A) of paragraph 15-a of subdivision (i) of section 3216 of the insurance law, as amended by chapter 338 of the laws of 2003, is amended to read as follows:

(A) Every policy which provides medical coverage that includes coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage shall include coverage for the following equipment and supplies for the

1 treatment of diabetes, if recommended or prescribed by a physician or
2 other licensed health care provider legally authorized to prescribe
3 under title eight of the education law: blood glucose monitors and blood
4 glucose monitors for the visually impaired, data management systems,
5 test strips for glucose monitors and visual reading and urine testing
6 strips, insulin, injection aids, cartridges for the visually impaired,
7 syringes, insulin pumps and appurtenances thereto, insulin infusion
8 devices, and oral agents for controlling blood sugar. In addition, the
9 commissioner of the department of health shall provide and periodically
10 update by rule or regulation a list of additional diabetes equipment and
11 related supplies such as are medically necessary for the treatment of
12 diabetes, for which there shall also be coverage. Such policies shall
13 also include coverage for diabetes self-management education to ensure
14 that persons with diabetes are educated as to the proper self-management
15 and treatment of their diabetic condition, including information on
16 proper diets. Such coverage for self-management education and education
17 relating to diet shall be limited to visits medically necessary upon the
18 diagnosis of diabetes, where a physician diagnoses a significant change
19 in the patient's symptoms or conditions which necessitate changes in a
20 patient's self-management, or where reeducation or refresher education
21 is necessary. Such education may be provided by the physician or other
22 licensed health care provider legally authorized to prescribe under
23 title eight of the education law, or their staff, as part of an office
24 visit for diabetes diagnosis or treatment, or by a certified diabetes
25 nurse educator, certified nutritionist, certified dietitian or regis-
26 tered dietitian upon the referral of a physician, a pharmacist, or other
27 licensed health care provider legally authorized to prescribe under
28 title eight of the education law. Education provided by the certified
29 diabetes nurse educator, certified nutritionist, certified dietitian or
30 registered dietitian may be limited to group settings wherever practica-
31 ble. Coverage for self-management education and education relating to
32 diet shall also include home visits when medically necessary.

33 § 7. Subparagraph (A) of paragraph 7 of subdivision (k) of section
34 3221 of the insurance law, as amended by chapter 338 of the laws of
35 2003, is amended to read as follows:

36 (A) Every group or blanket accident and health insurance policy issued
37 or issued for delivery in this state which provides medical coverage
38 that includes coverage for physician services in a physician's office
39 and every policy which provides major medical or similar comprehensive-
40 type coverage shall include coverage for the following equipment and
41 supplies for the treatment of diabetes, if recommended or prescribed by
42 a physician or other licensed health care provider legally authorized to
43 prescribe under title eight of the education law: blood glucose monitors
44 and blood glucose monitors for the visually impaired, data management
45 systems, test strips for glucose monitors and visual reading and urine
46 testing strips, insulin, injection aids, cartridges for the visually
47 impaired, syringes, insulin pumps and appurtenances thereto, insulin
48 infusion devices, and oral agents for controlling blood sugar. In addi-
49 tion, the commissioner of the department of health shall provide and
50 periodically update by rule or regulation a list of additional diabetes
51 equipment and related supplies such as are medically necessary for the
52 treatment of diabetes, for which there shall also be coverage. Such
53 policies shall also include coverage for diabetes self-management educa-
54 tion to ensure that persons with diabetes are educated as to the proper
55 self-management and treatment of their diabetic condition, including
56 information on proper diets. Such coverage for self-management education

1 and education relating to diet shall be limited to visits medically
2 necessary upon the diagnosis of diabetes, where a physician diagnoses a
3 significant change in the patient's symptoms or conditions which neces-
4 sitate changes in a patient's self-management, or where reeducation or
5 refresher education is necessary. Such education may be provided by the
6 physician or other licensed health care provider legally authorized to
7 prescribe under title eight of the education law, or their staff, as
8 part of an office visit for diabetes diagnosis or treatment, or by a
9 certified diabetes nurse educator, certified nutritionist, certified
10 dietitian or registered dietitian upon the referral of a physician, a
11 pharmacist, or other licensed health care provider legally authorized to
12 prescribe under title eight of the education law. Education provided by
13 the certified diabetes nurse educator, certified nutritionist, certified
14 dietitian or registered dietitian may be limited to group settings wher-
15 ever practicable. Coverage for self-management education and education
16 relating to diet shall also include home visits when medically neces-
17 sary.

18 § 8. Paragraph 1 of subdivision (u) of section 4303 of the insurance
19 law, as amended by chapter 338 of the laws of 2003, is amended to read
20 as follows:

21 (1) A medical expense indemnity corporation or a health service corpo-
22 ration which provides medical coverage that includes coverage for physi-
23 cian services in a physician's office and every policy which provides
24 major medical or similar comprehensive-type coverage shall include
25 coverage for the following equipment and supplies for the treatment of
26 diabetes, if recommended or prescribed by a physician or other licensed
27 health care provider legally authorized to prescribe under title eight
28 of the education law: blood glucose monitors and blood glucose monitors
29 for the visually impaired, data management systems, test strips for
30 glucose monitors and visual reading and urine testing strips, insulin,
31 injection aids, cartridges for the visually impaired, syringes, insulin
32 pumps and appurtenances thereto, insulin infusion devices, and oral
33 agents for controlling blood sugar. In addition, the commissioner of the
34 department of health shall provide and periodically update by rule or
35 regulation a list of additional diabetes equipment and related supplies
36 such as are medically necessary for the treatment of diabetes, for which
37 there shall also be coverage. Such policies shall also include coverage
38 for diabetes self-management education to ensure that persons with
39 diabetes are educated as to the proper self-management and treatment of
40 their diabetic condition, including information on proper diets. Such
41 coverage for self-management education and education relating to diet
42 shall be limited to visits medically necessary upon the diagnosis of
43 diabetes, where a physician diagnoses a significant change in the
44 patient's symptoms or conditions which necessitate changes in a
45 patient's self-management, or where reeducation or refresher education
46 is necessary. Such education may be provided by the physician or other
47 licensed health care provider legally authorized to prescribe under
48 title eight of the education law, or their staff, as part of an office
49 visit for diabetes diagnosis or treatment, or by a certified diabetes
50 nurse educator, certified nutritionist, certified dietitian or regis-
51 tered dietitian upon the referral of a physician, pharmacist, or other
52 licensed health care provider legally authorized to prescribe under
53 title eight of the education law. Education provided by the certified
54 diabetes nurse educator, certified nutritionist, certified dietitian or
55 registered dietitian may be limited to group settings wherever practica-

ble. Coverage for self-management education and education relating to diet shall also include home visits when medically necessary.

§ 9. Subdivisions (q) and (r) of subdivision 2 of section 365-a of the social services law, subdivision (q) as amended by section 35 of part B of chapter 58 of the laws of 2010 and subdivision (r) as added by section 32 of part C of chapter 58 of the laws of 2008, are amended to read as follows:

(q) diabetes self-management training services for persons diagnosed with diabetes when such services are ordered by a physician, registered physician assistant, registered nurse practitioner, pharmacist, or licensed midwife and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health, who is certified as a diabetes educator by the National Certification Board for Diabetes Educators, or a successor national certification board, or provided by such a professional who is affiliated with a program certified by the American Diabetes Association, the American Association of Diabetes Educators, the Indian Health Services, or any other national accreditation organization approved by the federal centers for medicare and medicaid services; provided, however, that the provisions of this paragraph shall not take effect unless all necessary approvals under federal law and regulation have been obtained to receive federal financial participation in the costs of health care services provided pursuant to this paragraph. Nothing in this paragraph shall be construed to modify any licensure, certification or scope of practice provision under title eight of the education law.

(r) asthma self-management training services for persons diagnosed with asthma when such services are ordered by a physician, registered physician's assistant, registered nurse practitioner, pharmacist, or licensed midwife and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health, who is certified as an asthma educator by the National Asthma Educator Certification Board, or a successor national certification board; provided, however, that the provisions of this paragraph shall not take effect unless all necessary approvals under federal law and regulation have been obtained to receive federal financial participation in the costs of health care services provided pursuant to this paragraph. Nothing in this paragraph shall be construed to modify any licensure, certification or scope of practice provision under title eight of the education law.

§ 10. Section 8 of chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, as amended by section 18 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 8. This act shall take effect on the ninetieth day after it shall have become a law [~~and shall expire and be deemed repealed July 1, 2022~~].

§ 11. Section 5 of chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, as amended by section 19 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 5. This act shall take effect on the ninetieth day after it shall have become a law[, ~~provided, however, that the provisions of sections one, two and four of this act shall expire and be deemed repealed July 1, 2022 provided, that:~~]

~~(a) the amendments to subdivision 7 of section 6527 of the education law made by section one of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith;~~

~~(b) the amendments to subdivision 7 of section 6909 of the education law, made by section two of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith;~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith; and~~

~~(d) the amendments to section 6801 of the education law made by section four of this act shall not affect the expiration of such section and shall be deemed to expire therewith].~~

§ 12. Section 4 of chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, is amended to read as follows:

§ 4. This act shall take effect on the ninetieth day after it shall have become a law[; ~~provided, that:~~

~~(a) the amendments to subdivision 7 of section 6527 of the education law, made by section one of this act shall not affect the expiration and reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to expire therewith; and~~

~~(b) the amendments to subdivision 7 of section 6909 of the education law, made by section two of this act shall not affect the expiration and reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to be expire therewith; and~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith].~~

§ 13. Section 5 of chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, as amended by section 20 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 5. This act shall take effect on the one hundred twentieth day after it shall have become a law[; ~~provided, however, that the provisions of sections two, three, and four of this act shall expire and be deemed repealed July 1, 2022; provided, however, that the amendments to subdivision 1 of section 6801 of the education law made by section one of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 8 of chapter 563 of the laws of 2008, when upon such date the provisions of section one-a of this act shall take effect; provided, further, that effective~~]. **Effective** immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed on or before such effective date.

§ 14. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided, however, that sections three and four of this act shall take effect on the same date and in the same manner as chapter 110 of the laws of 2020 takes effect; and provided further that the amendments to subdivision 7 of section 6527 of the education law made by section three of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 4 of chapter 110 of the laws of 2020 and shall expire and be deemed repealed therewith; and provided further that the amendments to subdivision 7 of section 6909 of the education law made by

1 section four of this act shall be subject to the expiration and rever-
2 sion of such subdivision pursuant to section 4 of chapter 110 of the
3 laws of 2020 and shall expire and be deemed repealed therewith.

4 PART Q

5 Section 1. Subdivision 1 of section 6502 of the education law, as
6 amended by chapter 599 of the laws of 1996, is amended and two new
7 subdivisions 1-a and 1-b are added to read as follows:

8 1. [A] Except pursuant to subdivision one-a of this section, a license
9 shall be valid during the life of the holder unless revoked, annulled or
10 suspended by the board of regents ~~[or in the case of physicians, physi-~~
11 ~~cians practicing under a limited permit, physician's assistants,~~
12 ~~specialist's assistants and medical residents, the licensee is stricken~~
13 ~~from the roster of such licensees by the board of regents on the order~~
14 ~~of the state board for professional medical conduct in the department of~~
15 ~~health. A licensee must register with the department and meet the~~
16 ~~requirements prescribed in section 3-503 of the general obligations law~~
17 ~~to practice in this state]~~.

18 1-a. In the case of physicians, physicians practicing under a limited
19 permit, physician assistants, specialist assistants and medical resi-
20 dents, a license shall be valid during the life of the holder unless:

21 (i) the licensee is stricken from the roster of such licensees by the
22 board of regents on the order of the state board for professional
23 medical conduct in the department of health; or

24 (ii) the licensee has failed to register with the department for two
25 consecutive registration periods, in which case the licensee shall be
26 immediately stricken from the roster of such licensees by the board of
27 regents.

28 1-b. A licensee must register with the department and meet the
29 requirements prescribed in section 3-503 of the general obligations law
30 to practice in this state.

31 § 2. Section 6524 of the education law is amended by adding a new
32 subdivision 6-a to read as follows:

33 (6-a) Fingerprints and criminal history record check: consent to
34 submission of fingerprints for purposes of conducting a criminal history
35 record check. The commissioner shall submit to the division of criminal
36 justice services two sets of fingerprints of applicants for licensure
37 pursuant to this article, and the division of criminal justice services
38 processing fee imposed pursuant to subdivision eight-a of section eight
39 hundred thirty-seven of the executive law and any fee imposed by the
40 federal bureau of investigation. The division of criminal justice
41 services and the federal bureau of investigation shall forward such
42 criminal history record to the commissioner in a timely manner. For the
43 purposes of this section, the term "criminal history record" shall mean
44 a record of all convictions of crimes and any pending criminal charges
45 maintained on an individual by the division of criminal justice services
46 and the federal bureau of investigation. All such criminal history
47 records sent to the commissioner pursuant to this subdivision shall be
48 confidential pursuant to the applicable federal and state laws, rules
49 and regulations, and shall not be published or in any way disclosed to
50 persons other than the commissioner, unless otherwise authorized by law;

51 § 3. Paragraph (c) of subdivision 9 and subdivisions 20, 28 and 31 of
52 section 6530 of the education law, as added by chapter 606 of the laws
53 of 1991, are amended and a new subdivision 51 is added to read as
54 follows:

(c) Having been found guilty in an adjudicatory proceeding of violating a state or federal statute or regulation, pursuant to a final decision or determination, and when no appeal is pending, or after resolution of the proceeding or a complaint alleging a violation of a state or federal statute or regulation by stipulation or agreement, and when the violation would constitute professional misconduct pursuant to this section;

20. Conduct [~~in the practice of medicine~~] which evidences moral unfitness to practice medicine;

28. Failing to respond within [~~thirty~~ ten] days to written communications from the department of health and to make available any relevant records with respect to an inquiry or complaint about the licensee's professional misconduct. The period of [~~thirty~~ ten] days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from the department of health by registered or certified mail, with return receipt requested, to the address appearing in the last registration, the period of [~~thirty~~ ten] days shall commence on the date of delivery to the licensee, as indicated by the return receipt;

31. Willfully harassing, abusing, or intimidating a patient [~~either~~ or a patient's caregiver or surrogate] physically or verbally;

51. Except for good cause shown, failing to notify the department of health within twenty-four hours of having been charged with a crime in any jurisdiction or of any event meeting the definitions of professional misconduct set forth in subdivision nine of this section.

§ 4. Section 6532 of the education law, as added by chapter 606 of the laws of 1991, is amended to read as follows:

§ 6532. Enforcement, administration and interpretation of this article. The board [~~of~~ for] professional medical conduct and the department of health shall enforce, administer and interpret this article. Before issuing a declaratory ruling pursuant to section two hundred four of the state administrative procedure act with respect to this article, the department of health shall fully consult with the department of education. [~~Neither the commissioner of education, the board of regents nor the~~ The commissioner of health may promulgate any rules or regulations concerning this article.

§ 5. Subdivision 4 of section 206 of the public health law, as amended by chapter 602 of the laws of 2007, is amended to read as follows:

4. The commissioner may:

(a) issue subpoenas, compel the attendance of witnesses and compel them to testify in any matter or proceeding before [~~him~~ the commissioner], and may also require a witness to attend and give testimony in a county where [~~he~~ the witness] resides or has a place of business without the payment of any fees;

(b) require, in writing, the production of any and all relevant documents in the possession or control of an individual or entity subject to an investigation or inquiry under this chapter. Unless a shorter period is specified in such writing, as determined for good cause by the commissioner, the required documents shall be produced no later than ten days after the delivery of the writing. Failure by the subject individual or entity to produce to the department the required documents within the ten day or otherwise specified period shall be a violation or failure within the meaning of paragraph (d) of this subdivision. Each additional day of non-production shall be a separate violation or failure;

(c) annul or modify an order, regulation, by-law or ordinance of a local board of health concerning a matter which in his judgment affects

1 the public health beyond the territory over which such local board of
2 health has jurisdiction;

3 ~~[(c)]~~ (d) assess any penalty prescribed for a violation of or a fail-
4 ure to comply with any term or provision of this chapter or of any
5 lawful notice, order or regulation pursuant thereto, not exceeding two
6 thousand dollars for every such violation or failure, which penalty may
7 be assessed after a hearing or an opportunity to be heard;

8 ~~[(d)]~~ (e) assess civil penalties against a public water system which
9 provides water to the public for human consumption through pipes or
10 other constructed conveyances, as further defined in the state sanitary
11 code or, in the case of mass gatherings, the person who holds or
12 promotes the mass gathering as defined in subdivision five of section
13 two hundred twenty-five of this article not to exceed twenty-five thou-
14 sand dollars per day, for each violation of or failure to comply with
15 any term or provision of the state sanitary code as it relates to public
16 water systems that serve a population of five thousand or more persons
17 or any mass gatherings, which penalty may be assessed after a hearing or
18 an opportunity to be heard; and

19 (f) seek to obtain a warrant based on probable cause that a licensee
20 has committed professional misconduct or a crime from a judicial officer
21 authorized to issue a warrant. Such warrant shall authorize the commis-
22 sioner and any person authorized by the commissioner to have the author-
23 ity to inspect all grounds, erections, vehicles, structures, apartments,
24 buildings, places and the contents therein and to remove any books,
25 records, papers, documents, computers, electronic devices and other
26 physical objects.

27 § 6. Subdivision 1 of section 230 of the public health law, as amended
28 by chapter 537 of the laws of 1998, is amended to read as follows:

29 1. A state board for professional medical conduct is hereby created in
30 the department in matters of professional misconduct as defined in
31 sections sixty-five hundred thirty and sixty-five hundred thirty-one of
32 the education law. Its physician members shall be appointed by the
33 commissioner at least eighty-five percent of whom shall be from among
34 nominations submitted by the medical society of the state of New York,
35 the New York state osteopathic society, the New York academy of medi-
36 cine, county medical societies, statewide specialty societies recognized
37 by the council of medical specialty societies, and the hospital associ-
38 ation of New York state. Its lay members shall be appointed by the
39 commissioner with the approval of the governor. The board of regents
40 shall also appoint twenty percent of the members of the board. Not less
41 than sixty-seven percent of the members appointed by the board of
42 regents shall be physicians. Not less than eighty-five percent of the
43 physician members appointed by the board of regents shall be from among
44 nominations submitted by the medical society of the state of New York,
45 the New York state osteopathic society, the New York academy of medi-
46 cine, county medical societies, statewide medical societies recognized
47 by the council of medical specialty societies, and the hospital associ-
48 ation of New York state. Any failure to meet the percentage thresholds
49 stated in this subdivision shall not be grounds for invalidating any
50 action by or on authority of the board for professional medical conduct
51 or a committee or a member thereof. The board for professional medical
52 conduct shall consist of not fewer than eighteen physicians licensed in
53 the state for at least five years, two of whom shall be doctors of
54 osteopathy, not fewer than two of whom shall be physicians who dedicate
55 a significant portion of their practice to the use of non-conventional
56 medical treatments who may be nominated by New York state medical asso-

ciations dedicated to the advancement of such treatments, at least one of whom shall have expertise in palliative care, and not fewer than seven lay members. An executive secretary shall be appointed by the chairperson and shall be a licensed physician. Such executive secretary shall not be a member of the board, shall hold office at the pleasure of, and shall have the powers and duties assigned and the annual salary fixed by~~[, the chairperson. The chairperson shall also assign such secretaries or other persons to the board as are necessary]~~ the commissioner.

§ 7. Clause (C) of subparagraph (iii) of paragraph (a) of subdivision 10 of section 230 of the public health law, as amended by chapter 477 of the laws of 2008, is amended to read as follows:

(C) If the director determines that the matter shall be submitted to an investigation committee, an investigation committee shall be convened ~~[within ninety days of any interview of the licensee]~~. The director shall present the investigation committee with relevant documentation including, but not limited to: (1) a copy of the original complaint; (2) the report of the interviewer and the stenographic record if one was taken; (3) the report of any medical or scientific expert; (4) copies of reports of any patient record reviews; and (5) the licensee's submissions.

§ 8. Subparagraph (v) of paragraph (a) of subdivision 10 of section 230 of the public health law, as amended by chapter 477 of the laws of 2008, is amended to read as follows:

(v) The files of the office of professional medical conduct relating to the investigation of possible instances of professional misconduct shall be confidential and not subject to disclosure at the request of any person, except as provided by law in a pending disciplinary action or proceeding. The provisions of this paragraph shall not prevent the office from sharing information concerning investigations within the department and, pursuant to subpoena, with other duly authorized public agencies responsible for professional regulation or criminal prosecution. Nothing in this subparagraph shall affect the duties of notification set forth in subdivision nine-a of this section or prevent the publication of charges or of the findings, conclusions, determinations, or order of a hearing committee pursuant to paragraphs (d) or (g) of this subdivision. In addition, the commissioner may, in his or her sole discretion, disclose ~~[the]~~ any information ~~[when, in his or her professional judgment, disclosure of such information would avert or minimize a public health threat]~~ relating to the investigation of possible instances of professional misconduct. Any such disclosure shall not affect the confidentiality of other information in the files of the office of professional medical conduct related to the investigation.

§ 9. Subparagraphs (i) and (ii) of paragraph (d) of subdivision 10 of section 230 of the public health law, as amended by chapter 477 of the laws of 2008, are amended to read as follows:

(i) A copy of the charges and the notice of the hearing shall be served on the licensee either: (A) personally [by the board] at least thirty days before the hearing~~[-]; (B) [If personal service cannot be made after due diligence and such fact is certified under oath, a copy of the charges and the notice of hearing shall be served]~~ by registered or certified mail to the licensee's ~~[last known]~~ current residential or practice address ~~[by the board]~~ mailed at least fifteen days before the hearing; (C) by registered or certified mail to the licensee's most recent mailing address pursuant to section sixty-five hundred two of the education law or the licensee's most recent mailing address on file with

1 the department of education pursuant to the notification requirement set
2 forth in subdivision five of such section, mailed at least forty-five
3 days before the hearing; or (D) by first class mail to an attorney,
4 licensed to practice in the state, who has appeared on behalf of the
5 licensee and who has been provided with written authorization of the
6 licensee to accept service, mailed at least thirty days before the hear-
7 ing.

8 (ii) The charges shall be made public, consistent with subparagraph
9 (iv) of paragraph (a) of this subdivision, [~~no earlier than five busi-~~
10 ~~ness days~~] immediately after they are served, and the charges shall be
11 accompanied by a statement advising the licensee that such publication
12 will occur; [~~provided, however, that~~] charges may be made public imme-
13 diately upon issuance of the commissioner's order in the case of summary
14 action taken pursuant to subdivision twelve of this section and no prior
15 notification of such publication need be made to the licensee.

16 § 10. Subparagraph (ii) of paragraph (m) of subdivision 10 of section
17 230 of the public health law, as amended by chapter 606 of the laws of
18 1991, is amended to read as follows:

19 (ii) Administrative warning and consultation. If the director of the
20 office of professional medical conduct, after obtaining the concurrence
21 of a majority of a committee on professional conduct, and after consul-
22 tation with the executive secretary, determines that there is substan-
23 tial evidence of professional misconduct of a minor or technical nature
24 or of substandard medical practice which does not constitute profes-
25 sional misconduct, the director may issue an administrative warning
26 and/or provide for consultation with a panel of one or more experts,
27 chosen by the director. Panels of one or more experts may include, but
28 shall not be limited to, a peer review committee of a county medical
29 society or a specialty board. Administrative warnings and consultations
30 shall be [~~confidential and~~] made public, but shall not constitute an
31 adjudication of guilt or be used as evidence that the licensee is guilty
32 of the alleged misconduct. However, in the event of a further allegation
33 of similar misconduct by the same licensee, the matter may be reopened
34 and further proceedings instituted as provided in this section.

35 § 11. Paragraph (p) of subdivision 10 of section 230 of the public
36 health law, as amended by chapter 599 of the laws of 1996, is amended to
37 read as follows:

38 (p) Convictions of crimes or administrative violations. Except for
39 good cause shown, a licensee shall notify the department within twenty-
40 four hours of having been charged with a crime in any jurisdiction or of
41 any event meeting the definitions of professional misconduct set forth
42 in subdivision nine of section sixty-five hundred thirty of the educa-
43 tion law. In cases of professional misconduct based solely upon a
44 violation of subdivision nine of section sixty-five hundred thirty of
45 the education law, the director may direct that charges be prepared and
46 served and may refer the matter to a committee on professional conduct
47 for its review and report of findings, conclusions as to guilt, and
48 determination. In such cases, the notice of hearing shall state that the
49 licensee shall file a written answer to each of the charges and allega-
50 tions in the statement of charges no later than ten days prior to the
51 hearing, and that any charge or allegation not so answered shall be
52 deemed admitted, that the licensee may wish to seek the advice of coun-
53 sel prior to filing such answer that the licensee may file a brief and
54 affidavits with the committee on professional conduct, that the licensee
55 may appear personally before the committee on professional conduct, may
56 be represented by counsel and may present evidence or sworn testimony in

1 his or her behalf, and the notice may contain such other information as
2 may be considered appropriate by the director. The department may also
3 present evidence or sworn testimony and file a brief at the hearing. A
4 stenographic record of the hearing shall be made. Such evidence or sworn
5 testimony offered to the committee on professional conduct shall be
6 strictly limited to evidence and testimony relating to the nature and
7 severity of the penalty to be imposed upon the licensee. Where the
8 charges are based on the conviction of state law crimes in other juris-
9 dictions, evidence may be offered to the committee which would show that
10 the conviction would not be a crime in New York state. The committee on
11 professional conduct may reasonably limit the number of witnesses whose
12 testimony will be received and the length of time any witness will be
13 permitted to testify. The determination of the committee shall be served
14 upon the licensee and the department in accordance with the provisions
15 of paragraph (h) of this subdivision. A determination pursuant to this
16 subdivision may be reviewed by the administrative review board for
17 professional medical conduct.

18 § 12. Subdivision 12 of section 230 of the public health law, as
19 amended by chapter 627 of the laws of 1996, paragraph (a) as amended by
20 chapter 477 of the laws of 2008 and paragraph (b) as amended by section
21 3 of part CC of chapter 57 of the laws of 2018, is amended to read as
22 follows:

23 12. Summary action. (a) Whenever the commissioner, (i) after being
24 presented with information indicating that a licensee is causing, engag-
25 ing in or maintaining a condition or activity which has resulted in the
26 transmission or suspected transmission, or is likely to lead to the
27 transmission, of communicable disease as defined in the state sanitary
28 code or HIV/AIDS, by the state and/or a local health department and if
29 in the commissioner's opinion it would be prejudicial to the interests
30 of the people to delay action until an opportunity for a hearing can be
31 provided in accordance with the prehearing and hearing provisions of
32 this section; ~~or~~ (ii) after requiring that a licensee produce docu-
33 ments in accordance with subdivision four of section two hundred six of
34 this chapter, and such licensee has failed to produce the required docu-
35 ments within ten days, or within such shorter period as may have been
36 specified in the commissioner's written demand for documents; or (iii)
37 after an investigation and a recommendation by a committee on profes-
38 sional conduct of the state board for professional medical conduct,
39 based upon a determination that a licensee is causing, engaging in or
40 maintaining a condition or activity which in the commissioner's opinion
41 ~~[constitutes an imminent danger]~~ presents a risk to the health of the
42 people, and that it therefore appears to be prejudicial to the interests
43 of the people to delay action until an opportunity for a hearing can be
44 provided in accordance with the prehearing and hearing provisions of
45 this section; the commissioner may order the licensee, by written
46 notice, to discontinue such dangerous condition or activity or take
47 certain action immediately and for a period of ~~[ninety]~~ one hundred
48 twenty days from the date of service of the order. Within ~~[ten]~~ thirty
49 days from the date of service of the said order, the state board for
50 professional medical conduct shall commence and regularly schedule such
51 hearing proceedings as required by this section, provided, however, that
52 the hearing shall be completed within ~~[ninety]~~ one hundred twenty days
53 of the date of service of the order. To the extent that the issue of
54 ~~[imminent danger]~~ risk of the health of the people can be proven without
55 the attorney representing the office of professional medical conduct
56 putting in its entire case, the committee of the board shall first

1 determine whether by a preponderance of the evidence the licensee is
2 causing, engaging in or maintaining a condition or activity which
3 ~~[constitutes an imminent danger]~~ presents a risk to the health of the
4 people. The attorney representing the office of professional medical
5 conduct shall have the burden of going forward and proving by a prepon-
6 derance of the evidence that the licensee's condition, activity or prac-
7 tice ~~[constitutes an imminent danger]~~ presents a risk to the health of
8 the people. The licensee shall have an opportunity to be heard and to
9 present proof. When both the office and the licensee have completed
10 their cases with respect to the question of ~~[imminent danger]~~ risk to
11 the health of the people, the committee shall promptly make a recommen-
12 dation to the commissioner on the issue of ~~[imminent danger]~~ risk to the
13 health of the people and determine whether the summary order should be
14 left in effect, modified or vacated, and continue the hearing on all the
15 remaining charges, if any, in accordance with paragraph (f) of subdivi-
16 sion ten of this section. Within ten days of the committee's recommenda-
17 tion, the commissioner shall determine whether or not to adopt the
18 committee's recommendations, in whole or in part, and shall leave in
19 effect, modify or vacate his summary order. The state board for profes-
20 sional medical conduct shall make every reasonable effort to avoid any
21 delay in completing and determining such proceedings. If, at the conclu-
22 sion of the hearing, (i) the hearing committee of the board finds the
23 licensee guilty of one or more of the charges which are the basis for
24 the summary order, (ii) the hearing committee determines that the summa-
25 ry order continue, and (iii) the ninety day term of the order has not
26 expired, the summary order shall remain in full force and effect until a
27 final decision has been rendered by the committee or, if review is
28 sought, by the administrative review board. A summary order shall be
29 public upon issuance.

30 (b) When a licensee has pleaded or been found guilty or convicted of
31 committing an act constituting a felony under New York state law or
32 federal law, or the law of another jurisdiction which, if committed
33 within this state, would have constituted a felony under New York state
34 law, or when a licensee has been charged with committing an act consti-
35 tuting a felony under New York state or federal law or the law of another
36 jurisdiction, where the licensee's alleged conduct, which, if commit-
37 ted within this state, would have constituted a felony under New York
38 state law, and ~~[in the commissioner's opinion the licensee's alleged~~
39 ~~conduct constitutes an imminent danger]~~ where the licensee's alleged
40 conduct may present a risk to the health of the people, or when the duly
41 authorized professional disciplinary agency of another jurisdiction has
42 made a finding substantially equivalent to a finding that the practice
43 of medicine by the licensee in that jurisdiction ~~[constitutes an immi-~~
44 ~~nent danger]~~ presents a risk to the health of its people, or when a
45 licensee has been disciplined by a duly authorized professional disci-
46 plinary agency of another jurisdiction for acts which if committed in
47 this state would have constituted the basis for summary action by the
48 commissioner pursuant to paragraph (a) of this subdivision, the commis-
49 sioner, after a recommendation by a committee of professional conduct of
50 the state board for professional medical conduct, may order the licen-
51 see, by written notice, to discontinue or refrain from practicing medi-
52 cine in whole or in part or to take certain actions authorized pursuant
53 to this title immediately. The order of the commissioner shall consti-
54 tute summary action against the licensee and become public upon issu-
55 ance. The summary suspension shall remain in effect until the final
56 conclusion of a hearing which shall commence within ninety days of the

1 date of service of the commissioner's order, end within [~~ninety~~] one
2 hundred eighty days thereafter and otherwise be held in accordance with
3 paragraph (a) of this subdivision, provided, however, that when the
4 commissioner's order is based upon a finding substantially equivalent to
5 a finding that the practice of medicine by the licensee in another
6 jurisdiction [~~constitutes an imminent danger~~] presents a risk to the
7 health of its people, the hearing shall commence within thirty days
8 after the disciplinary proceedings in that jurisdiction are finally
9 concluded. If, at any time, the felony charge is dismissed, withdrawn or
10 reduced to a non-felony charge, the commissioner's summary order shall
11 terminate.

12 § 13. Paragraph (a) of subdivision 1 of section 2803-e of the public
13 health law, as amended by chapter 294 of the laws of 1985, is amended to
14 read as follows:

15 (a) Hospitals and other facilities approved pursuant to this article
16 shall make a report or cause a report to be made within thirty days of
17 the occurrence of any of the following: the suspension, restriction,
18 termination or curtailment of the training, employment, association or
19 professional privileges or the denial of the certification of completion
20 of training of an individual licensed pursuant to the provisions of
21 title eight of the education law or of a medical resident with such
22 facility for reasons related in any way to alleged mental or physical
23 impairment, incompetence, malpractice or misconduct or impairment of
24 patient safety or welfare; the voluntary or involuntary resignation or
25 withdrawal of association or of privileges with such facility to avoid
26 the imposition of disciplinary measures; notification by the hospital or
27 facility, to any entity providing personnel to perform professional
28 services to such hospital or facility, that the entity may not assign a
29 particular individual to provide such services to the hospital or facil-
30 ity, for reasons related in any way to alleged mental or physical
31 impairment, incompetence, malpractice or misconduct or impairment of
32 patient safety or welfare; or the receipt of information which indicates
33 that any professional licensee or medical resident has been convicted of
34 a crime; the denial of staff privileges to a physician if the reasons
35 stated for such denial are related to alleged mental or physical impair-
36 ment, incompetence, malpractice, misconduct or impairment of patient
37 safety or welfare.

38 § 14. Paragraphs (n), (p) and (q) of subdivision 1 of section 2995-a
39 of the public health law, as added by chapter 542 of the laws of 2000,
40 are amended and three new paragraphs (r), (s) and (t) are added to read
41 as follows:

42 (n) (i) the location of the licensee's primary practice setting iden-
43 tified as such; [~~and~~]

44 (ii) [~~the names of any licensed physicians with whom the licensee~~
45 ~~shares a group practice, as defined in subdivision five of section two~~
46 ~~hundred thirty-eight of this chapter~~] hours of operation of the
47 licensee's primary practice setting;

48 (iii) availability of assistive technology at the licensee's primary
49 practice setting; and

50 (iv) whether the licensee is accepting new patients;

51 (p) whether the licensee participates in the medicaid or medicare
52 program or any other state or federally financed health insurance
53 program; [~~and~~]

54 (q) health care plans with which the licensee has contracts, employ-
55 ment, or other affiliation[~~-~~] provided that the reporting and accuracy
56 of such information shall not be the responsibility of the physician,

1 but shall be included and updated by the department utilizing provider
2 network participation information, or other reliable sources of informa-
3 tion submitted by the health care plans;

4 (r) the physician's website and social media accounts;

5 (s) the names of any licensed physicians with whom the licensee shares
6 a group practice, as defined in subdivision five of section two hundred
7 thirty-eight of this chapter; and

8 (t) workforce research and planning information as determined by the
9 commissioner.

10 § 15. Section 2995-a of the public health law is amended by adding a
11 new subdivision 1-b to read as follows:

12 1-b. (a) For the purposes of this section, a physician licensed and
13 registered to practice in this state may authorize a designee to regis-
14 ter, transmit, enter or update information on his or her behalf,
15 provided that:

16 (i) the designee so authorized is employed by the physician or the
17 same professional practice or is under contract with such practice;

18 (ii) the physician takes reasonable steps to ensure that such designee
19 is sufficiently competent in the profile requirements;

20 (iii) the physician remains responsible for ensuring the accuracy of
21 the information provided and for any failure to provide accurate infor-
22 mation; and

23 (iv) the physician shall notify the department upon terminating the
24 authorization of any designee, in a manner determined by the department.

25 (b) The commissioner shall grant access to the profile in a reasonably
26 prompt manner to designees authorized by physicians and establish a
27 mechanism to prevent designees terminated pursuant to subparagraph (iv)
28 of paragraph (a) of this subdivision from accessing the profile in a
29 reasonably prompt manner following notification of termination.

30 § 16. Subdivision 4 of section 2995-a of the public health law, as
31 amended by section 3 of part A of chapter 57 of the laws of 2015, is
32 amended to read as follows:

33 4. Each physician shall periodically report to the department on forms
34 and in the time and manner required by the commissioner any other infor-
35 mation as is required by the department for the development of profiles
36 under this section which is not otherwise reasonably obtainable. In
37 addition to such periodic reports and providing the same information,
38 each physician shall update his or her profile information within the
39 six months prior to ~~[the expiration date of such physician's registra-~~
40 ~~tion period]~~ submission of the re-registration application, as a condi-
41 tion of registration renewal ~~[under article one hundred thirty-one]~~

42 pursuant to section sixty-five hundred twenty-four of the education law.
43 Except for optional information provided and information required under
44 subparagraph (iv) of paragraph (n) and paragraphs (q) and (t) of subdi-
45 vision one of this section, physicians shall notify the department of
46 any change in the profile information within thirty days of such change.

47 § 17. Subdivision 6 of section 2995-a of the public health law, as
48 added by chapter 542 of the laws of 2000, is amended to read as follows:

49 6. A physician may elect to have his or her profile omit certain
50 information provided pursuant to paragraphs (k), (l), (m), ~~(n) and (q)]~~
51 (r) and (s) of subdivision one of this section. Information provided
52 pursuant to paragraph (t) of subdivision one of this section shall be
53 omitted from a physician's profile and shall be exempt from disclosure
54 under article six of the public officers law. In collecting information
55 for such profiles and disseminating the same, the department shall
56 inform physicians that they may choose not to provide such information

1 required pursuant to paragraphs ~~(k),~~ (l), (m), [~~(n) and (q)~~] (r) and (s)
2 of subdivision one of this section.

3 § 18. This act shall take effect immediately and shall be deemed to
4 have been in full force and effect on and after April 1, 2021; provided,
5 however, that the amendments to paragraph (a) of subdivision 10 of
6 section 230 of the public health law made by sections seven and eight of
7 this act shall not affect the expiration of such paragraph and shall be
8 deemed to expire therewith; and further provided that sections fourteen,
9 fifteen, sixteen and seventeen of this act shall take effect on the one
10 hundred eightieth day after it shall have become a law.

11 PART R

12 Section 1. Section 63 of the civil rights law, as amended by chapter
13 253 of the laws of 2014, is amended to read as follows:

14 § 63. Order. If the court to which the petition is presented is satis-
15 fied thereby, or by the affidavit and certificate presented therewith,
16 that the petition is true, and that there is no reasonable objection to
17 the change of name proposed, and if the petition be to change the name
18 of an infant, that the interests of the infant will be substantially
19 promoted by the change, the court shall make an order authorizing the
20 petitioner to assume the name proposed. The order shall further recite
21 the date and place of birth of the applicant and, if the applicant was
22 born in the state of New York, such order shall set forth the number of
23 ~~[his]~~ the applicant's birth certificate or that no birth certificate is
24 available. The order shall be directed to be entered and the papers on
25 which it was granted to be filed [~~prior to the publication hereinafter~~
26 ~~directed~~] in the clerk's office of the county in which the petitioner
27 resides if he be an individual, or in the office of the clerk of the
28 civil court of the city of New York if the order be made by that court.
29 [~~Such order shall also direct the publication, at least once, within~~
30 ~~sixty days after the making of the order, in a designated newspaper in~~
31 ~~the county in which the order is directed to be entered and if the peti-~~
32 ~~tion is made by a person subject to the provisions of subdivision two of~~
33 ~~section sixty-two of this article, in a designated newspaper in any~~
34 ~~county wherein such person was convicted if different from the county in~~
35 ~~which the order is otherwise directed to be entered, of a notice in~~
36 ~~substantially the following form: Notice is hereby given that an order~~
37 ~~entered by the court, county, on the day~~
38 ~~of, bearing Index Number, a copy of which may be exam-~~
39 ~~ined at the office of the clerk, located at, in room~~
40 ~~number, grants me the right to assume the name of~~
41 ~~..... The city and state of my present address are~~
42 ~~.....; the month and year of my birth are~~
43 ~~.....; the place of my birth is; my~~
44 ~~present name is~~]

45 § 2. Section 64 of the civil rights law, as amended by chapter 258 of
46 the laws of 2006, and the closing paragraph as separately amended by
47 chapters 258, 320 and 481 of the laws of 2006, is amended to read as
48 follows:

49 § 64. Effect. If the order [~~shall be fully complied with, and within~~
50 ~~ninety days after the making of the order, an affidavit of the publica-~~
51 ~~tion thereof shall be filed in the office in which the order~~] is
52 entered, the petitioner shall be known by the name which is thereby
53 authorized to be assumed. If the surname of a parent be changed as

1 provided in this article, any minor child of such parent at the time of
2 such change may thereafter assume such changed surname.

3 ~~[Upon compliance with the order and the filing of the affidavit of the~~
4 ~~publication, as provided in this section, the clerk of the court in~~
5 ~~which the order has been entered shall certify that the order has been~~
6 ~~complied with; and, if]~~ (1) If the petitioner states that the petitioner

7 stands convicted of a violent felony offense as defined in section 70.02
8 of the penal law or a felony defined in article one hundred twenty-five

9 of such law or any of the following provisions of such law sections
10 130.25, 130.30, 130.40, 130.45, 255.25, 255.26, 255.27, article two

11 hundred sixty-three, 135.10, 135.25, 230.05, 230.06, subdivision two of
12 section 230.30 or 230.32, [such] the clerk ~~[(1)]~~ of the court in which

13 the order has been entered shall deliver, by first class mail, a copy of
14 such certified order to the division of criminal justice services at its

15 office in the county of Albany and (2) ~~[upon the clerk of the court~~
16 ~~reviewing the petitioner's application for name change and subsequent~~

17 ~~in-court inquiry, may, in the clerk's discretion, deliver, by first~~
18 ~~class mail, the petitioner's new name with such certified order to the~~

19 ~~court of competent jurisdiction which imposed the orders of support.~~
20 ~~Such certification shall appear on the original order and on any certi-~~

21 ~~fied copy thereof and shall be entered in the clerk's minutes of the~~
22 ~~proceeding]~~ if the petition states that the petitioner is responsible

23 for spousal support or child support obligations pursuant to court
24 order, upon review of the petitioner's application for name change and

25 subsequent in-court inquiry, the court may, in its discretion, order the
26 petitioner to deliver by first class mail, the petitioner's new name

27 with such certified order to the court of competent jurisdiction which
28 imposed the orders of support. Such certification shall appear on the

29 original order and on any certified copy thereof and shall be entered in
30 the court's minutes of the proceeding.

31 § 3. Section 64-a of the civil rights law, as amended by chapter 241
32 of the laws of 2015, is amended to read as follows:

33 § 64-a. ~~[Exemption from publication requirements]~~ Sealing name change
34 papers. 1. If the court shall find that ~~[the publication]~~ open record of

35 an applicant's change of name would jeopardize such applicant's personal
36 safety, based on totality of the circumstances ~~[the provisions of~~

37 ~~sections sixty three and sixty four of this article requiring publica-~~
38 ~~tion shall be waived and shall be inapplicable. Provided, however, the~~

39 ~~court shall not deny such waiver solely on the basis that the applicant~~
40 ~~lacks specific instances of or a personal history of threat to personal~~

41 ~~safety. The], the court shall order the records of such change of name~~
42 proceeding ~~[to]~~ be sealed, to be opened only by order of the court for

43 good cause shown or at the request of the applicant. For the purposes
44 of this section, "totality of the circumstances" shall include, but not

45 be limited to, a consideration of the risk of violence or discrimination
46 against the applicant. The court shall not deny such sealing request

47 solely on the basis that the applicant lacks specific instances of or a
48 personal history of threat to personal safety.

49 2. Notwithstanding any other provision of law, pending such a finding
50 in subdivision one of this section where an applicant seeks relief under

51 this section, the court shall immediately order the applicant's current
52 name, proposed new name, residential and business addresses, telephone

53 numbers, and any other information contained in any pleadings or papers
54 submitted to the court to be safeguarded and sealed in order to prevent

55 their inadvertent or unauthorized use or disclosure while the matter is
56 pending.

§ 4. The civil rights law is amended by adding a new article 6-A to read as follows:

ARTICLE 6-A

CHANGE OF SEX DESIGNATION OR GENDER DESIGNATION

Section 67. Petition to change sex designation or gender designation.

67-a. Order.

67-b. Sealing change of sex designation or gender designation papers.

67-c. Effect on government issued identity documents.

§ 67. Petition to change sex designation or gender designation. 1. A petition for leave to change sex designation or gender designation may be made by a resident of the state to the county court of the county or the supreme court in the county in which such resident resides, or, if such resident resides in the city of New York, either to the supreme court or to any branch of the civil court of the city of New York, in any county of the city of New York. The petition to change the sex designation or gender designation of an infant may be made by the infant through either of such infant's parents, or by such infant's general guardian or by the guardian of such infant's person.

2. When an individual petitions the court to recognize their gender identity or to amend the sex designation or gender designation on an identity document, the court shall issue such an order upon receipt of an affidavit from such individual attesting to their gender identity or reason for the change. No additional medical evidence shall be required to grant such request. No such order shall be required to amend an identity document issued within New York state. No such order shall be required to otherwise recognize the gender of an individual and treat them consistent with their gender identity within New York state or under New York state law.

3. Such request may be made simultaneously with a petition for change of name pursuant to section sixty or sixty-five of this chapter or on its own.

§ 67-a. Order. If the court to which the petition is presented is satisfied thereby, or by the affidavit and certificate presented therewith, and that there is no reasonable objection to the change of sex designation or gender designation proposed, and if the petition is to change the sex designation or gender designation of an infant, that the interests of the infant will be substantially promoted by the change, the court shall make an order authorizing the petitioner to assume the sex designation or gender designation proposed.

§ 67-b. Sealing change of sex designation or gender designation papers. 1. Upon request of the applicant, the court shall order the records of such change of sex designation or gender designation proceeding to be sealed, to be opened only by order of the court for good cause shown or at the request of the applicant.

2. Notwithstanding any other provision of law, pending such a finding in subdivision one of this section where an applicant seeks relief under this section, the court shall immediately order the applicant's current name, sex designation, proposed new sex designation or gender designation, residential and business addresses, telephone numbers, and any other information contained in any pleadings or papers submitted to the court to be safeguarded and sealed in order to prevent their inadvertent or unauthorized use or disclosure while the matter is pending.

§ 67-c. Effect on government issued identity documents. Any state agency that maintains a system or issues an identity document requiring a sex designation or gender designation that, due to federal law or

systems processing requirements, is unable to process or change such record or document consistent with an order issued pursuant to this section shall make reasonable efforts to otherwise accommodate such request.

§ 5. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.

PART S

Section 1. Section 11 of chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, as amended by section 3 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

§ 11. This act shall take effect immediately and:

(a) sections one and three shall expire on December 31, 1996,

(b) sections four through ten shall expire on June 30, [2021] 2023, and

(c) provided that the amendment to section 2807-b of the public health law by section two of this act shall not affect the expiration of such section 2807-b as otherwise provided by law and shall be deemed to expire therewith.

§ 2. Subdivision (a) of section 40 of part B of chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, as amended by section 5 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(a) sections two, three, three-a, three-b, three-c, three-d, three-e and twenty-one of this act shall take effect July 1, 2010; sections fifteen, sixteen, seventeen, eighteen and nineteen of this act shall take effect January 1, 2011; ~~[and provided further that section twenty of this act shall be deemed repealed ten years after the date the contract entered into pursuant to section 365-h of the social services law, as amended by section twenty of this act, is executed; provided that the commissioner of health shall notify the legislative bill drafting commission upon the execution of the contract entered into pursuant to section 367-h of the social services law in order that the commission may maintain an accurate and timely effective data base of the official text of the laws of the state of New York in furtherance of effectuating the provisions of section 44 of the legislative law and section 70-b of the public officers law;]~~

§ 3. Subdivision 5-a of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 12 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

5-a. Section sixty-four-a of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31, 2019,

1 and on and after April 1, 2019 through March 31, 2021, and on and after
2 April 1, 2021 through March 31, 2023;

3 § 4. Section 64-b of chapter 81 of the laws of 1995, amending the
4 public health law and other laws relating to medical reimbursement and
5 welfare reform, as amended by section 13 of part E of chapter 57 of the
6 laws of 2019, is amended to read as follows:

7 § 64-b. Notwithstanding any inconsistent provision of law, the
8 provisions of subdivision 7 of section 3614 of the public health law, as
9 amended, shall remain and be in full force and effect on April 1, 1995
10 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on
11 and after April 1, 2000 through March 31, 2003 and on and after April 1,
12 2003 through March 31, 2007, and on and after April 1, 2007 through
13 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,
14 and on and after April 1, 2011 through March 31, 2013, and on and after
15 April 1, 2013 through March 31, 2015, and on and after April 1, 2015
16 through March 31, 2017 and on and after April 1, 2017 through March 31,
17 2019, and on and after April 1, 2019 through March 31, 2021, and on and
18 after April 1, 2021 through March 31, 2023.

19 § 5. Section 4-a of part A of chapter 56 of the laws of 2013, amending
20 chapter 59 of the laws of 2011 amending the public health law and other
21 laws relating to general hospital reimbursement for annual rates, as
22 amended by section 14 of part E of chapter 57 of the laws of 2019, is
23 amended to read as follows:

24 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
25 2807-c of the public health law, section 21 of chapter 1 of the laws of
26 1999, or any other contrary provision of law, in determining rates of
27 payments by state governmental agencies effective for services provided
28 on and after January 1, 2017 through March 31, ~~2021~~ 2023, for inpa-
29 tient and outpatient services provided by general hospitals, for inpa-
30 tient services and adult day health care outpatient services provided by
31 residential health care facilities pursuant to article 28 of the public
32 health law, except for residential health care facilities or units of
33 such facilities providing services primarily to children under twenty-
34 one years of age, for home health care services provided pursuant to
35 article 36 of the public health law by certified home health agencies,
36 long term home health care programs and AIDS home care programs, and for
37 personal care services provided pursuant to section 365-a of the social
38 services law, the commissioner of health shall apply no greater than
39 zero trend factors attributable to the 2017, 2018, 2019, 2020, ~~and~~
40 2021, 2022 and 2023 calendar years in accordance with paragraph (c) of
41 subdivision 10 of section 2807-c of the public health law, provided,
42 however, that such no greater than zero trend factors attributable to
43 such 2017, 2018, 2019, 2020, ~~and~~ 2021, 2022 and 2023 calendar years
44 shall also be applied to rates of payment provided on and after January
45 1, 2017 through March 31, ~~2021~~ 2023 for personal care services
46 provided in those local social services districts, including New York
47 city, whose rates of payment for such services are established by such
48 local social services districts pursuant to a rate-setting exemption
49 issued by the commissioner of health to such local social services
50 districts in accordance with applicable regulations; and provided
51 further, however, that for rates of payment for assisted living program
52 services provided on and after January 1, 2017 through March 31, ~~2021~~
53 2023, such trend factors attributable to the 2017, 2018, 2019, 2020,
54 ~~and~~ 2021, 2022 and 2023 calendar years shall be established at no
55 greater than zero percent.

§ 6. Subdivision 2 of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 17 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

2. Sections five, seven through nine, twelve through fourteen, and eighteen of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2006 and on and after April 1, 2006 through March 31, 2007 and on and after April 1, 2007 through March 31, 2009 and on and after April 1, 2009 through March 31, 2011 and sections twelve, thirteen and fourteen of this act shall be deemed to be in full force and effect on and after April 1, 2011 through March 31, 2015 and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31, 2019, and on and after April 1, 2019 through March 31, 2021, and on and after April 1, 2021 through March 31, 2023;

§ 7. Section 7 of part H of chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, as amended by section 11 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 7. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2019, provided, however, that section two of this act shall expire on April 1, ~~2021~~ 2024.

§ 8. Section 5 of chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, as amended by section 18 of part Y of chapter 56 of the laws of 2020, is amended to read as follows:

§ 5. This act shall take effect on the forty-fifth day after it shall have become a law, provided that the amendments to subdivision 4 of section 2999-j of the public health law made by section two of this act shall take effect on June 30, 2017 and shall expire and be deemed repealed December 31, ~~2021~~ 2022.

§ 9. Subdivision 1 of section 2999-aa of the public health law, as amended by chapter 80 of the laws of 2017, is amended to read as follows:

1. In order to promote improved quality and efficiency of, and access to, health care services and to promote improved clinical outcomes to the residents of New York, it shall be the policy of the state to encourage, where appropriate, cooperative, collaborative and integrative arrangements including but not limited to, mergers and acquisitions among health care providers or among others who might otherwise be competitors, under the active supervision of the commissioner. To the extent such arrangements, or the planning and negotiations that precede them, might be anti-competitive within the meaning and intent of the state and federal antitrust laws, the intent of the state is to supplant competition with such arrangements under the active supervision and related administrative actions of the commissioner as necessary to accomplish the purposes of this article, and to provide state action immunity under the state and federal antitrust laws with respect to activities undertaken by health care providers and others pursuant to this article, where the benefits of such active supervision, arrangements and actions of the commissioner outweigh any disadvantages likely to result from a reduction of competition. The commissioner shall not approve an arrangement for which state action immunity is sought under

1 this article without first consulting with, and receiving a recommenda-
2 tion from, the public health and health planning council. No arrangement
3 under this article shall be approved after December thirty-first, two
4 thousand [~~twenty~~] twenty-four.

5 § 10. Section 3 of part D of chapter 56 of the laws of 2014, amending
6 the education law relating to the nurse practitioners modernization act,
7 is amended to read as follows:

8 § 3. This act shall take effect on the first of January after it shall
9 have become a law and shall expire June 30 of the [~~sixth~~] twelfth year
10 after it shall have become a law, when upon such date the provisions of
11 this act shall be deemed repealed; provided, however, that effective
12 immediately, the addition, amendment and/or repeal of any rule or regu-
13 lation necessary for the implementation of this act on its effective
14 date is authorized and directed to be made and completed on or before
15 such effective date.

16 § 11. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
17 2807-d of the public health law, as amended by section 9 of part E of
18 chapter 57 of the laws of 2019, is amended to read as follows:

19 (vi) Notwithstanding any contrary provision of this paragraph or any
20 other provision of law or regulation to the contrary, for residential
21 health care facilities the assessment shall be six percent of each resi-
22 dential health care facility's gross receipts received from all patient
23 care services and other operating income on a cash basis for the period
24 April first, two thousand two through March thirty-first, two thousand
25 three for hospital or health-related services, including adult day
26 services; provided, however, that residential health care facilities'
27 gross receipts attributable to payments received pursuant to title XVIII
28 of the federal social security act (medicare) shall be excluded from the
29 assessment; provided, however, that for all such gross receipts received
30 on or after April first, two thousand three through March thirty-first,
31 two thousand five, such assessment shall be five percent, and further
32 provided that for all such gross receipts received on or after April
33 first, two thousand five through March thirty-first, two thousand nine,
34 and on or after April first, two thousand nine through March thirty-
35 first, two thousand eleven such assessment shall be six percent, and
36 further provided that for all such gross receipts received on or after
37 April first, two thousand eleven through March thirty-first, two thou-
38 sand thirteen such assessment shall be six percent, and further provided
39 that for all such gross receipts received on or after April first, two
40 thousand thirteen through March thirty-first, two thousand fifteen such
41 assessment shall be six percent, and further provided that for all such
42 gross receipts received on or after April first, two thousand fifteen
43 through March thirty-first, two thousand seventeen such assessment shall
44 be six percent, and further provided that for all such gross receipts
45 received on or after April first, two thousand seventeen through March
46 thirty-first, two thousand nineteen such assessment shall be six
47 percent, and further provided that for all such gross receipts received
48 on or after April first, two thousand nineteen through March thirty-
49 first, two thousand twenty-one such assessment shall be six percent, and
50 further provided that for all such gross receipts received on or after
51 April first, two thousand twenty-one through March thirty-first, two
52 thousand twenty-three such assessment shall be six percent.

53 § 12. This act shall take effect immediately and shall be deemed to
54 have been in full force and effect on and after April 1, 2021.

1 Section 1. Section 3 of part A of chapter 111 of the laws of 2010
2 amending the mental hygiene law relating to the receipt of federal and
3 state benefits received by individuals receiving care in facilities
4 operated by an office of the department of mental hygiene, as amended by
5 section 1 of part X of chapter 57 of the laws of 2018, is amended to
6 read as follows:

7 § 3. This act shall take effect immediately; and shall expire and be
8 deemed repealed June 30, [~~2021~~] 2024.

9 § 2. This act shall take effect immediately.

10

PART U

11 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,
12 amending the mental hygiene law relating to the appointment of temporary
13 operators for the continued operation of programs and the provision of
14 services for persons with serious mental illness and/or developmental
15 disabilities and/or chemical dependence, is amended to read as follows:

16 § 4. This act shall take effect immediately and shall be deemed to
17 have been in full force and effect on and after April 1, 2016; provided,
18 however, that sections one and two of this act shall expire and be
19 deemed repealed on March 31, [~~2021~~] 2026.

20 § 2. This act shall take effect immediately.

21

PART V

22 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,
23 amending the mental hygiene law relating to clarifying the authority of
24 the commissioners in the department of mental hygiene to design and
25 implement time-limited demonstration programs, as amended by section 1
26 of part U of chapter 57 of the laws of 2018, is amended to read as
27 follows:

28 § 2. This act shall take effect immediately and shall expire and be
29 deemed repealed March 31, [~~2021~~] 2024.

30 § 2. This act shall take effect immediately.

31

PART W

32 Section 1. Section 7 of part R2 of chapter 62 of the laws of 2003,
33 amending the mental hygiene law and the state finance law relating to
34 the community mental health support and workforce reinvestment program,
35 the membership of subcommittees for mental health of community services
36 boards and the duties of such subcommittees and creating the community
37 mental health and workforce reinvestment account, as amended by section
38 1 of part V of chapter 57 of the laws of 2018, is amended to read as
39 follows:

40 § 7. This act shall take effect immediately and shall expire March 31,
41 [~~2021~~] 2024 when upon such date the provisions of this act shall be
42 deemed repealed.

43 § 2. This act shall take effect immediately.

44

PART X

45 Section 1. Notwithstanding the provisions of subdivisions (b) and (e)
46 of section 7.17 and section 41.55 of the mental hygiene law or any other
47 law to the contrary, the office of mental health is authorized in state
48 fiscal year 2021-22 to close, consolidate, reduce, transfer or otherwise

1 redesign services of hospitals, other facilities and programs operated
2 by the office of mental health, and to implement significant service
3 reductions and reconfigurations according to this section as shall be
4 determined by the commissioner of mental health to be necessary for the
5 cost-effective and efficient operation of such hospitals, other facili-
6 ties and programs. Any transfers of capacity or any resulting transfer
7 of functions shall be authorized to be made by the commissioner of
8 mental health and any transfer of personnel upon such transfer of capac-
9 ity or transfer of functions shall be accomplished in accordance with
10 the provisions of subdivision 2 of section 70 of the civil service law.

11 § 2. This act shall take effect immediately and shall expire March 31,
12 2022 when upon such date the provisions of this act shall be deemed
13 repealed.

14 PART Y

15 Section 1. Section 19.07 of the mental hygiene law, as added by chap-
16 ter 223 of the laws of 1992, subdivisions (a) and (g) as amended by
17 chapter 271 of the laws of 2010, subdivisions (b) and (c) as amended by
18 chapter 281 of the laws of 2019, subdivision (d) as amended by section 5
19 of part I of chapter 58 of the laws of 2005, subdivision (e) as amended
20 by chapter 558 of the laws of 1999, subdivision (f) as added by chapter
21 383 of the laws of 1998, subdivision (h) as amended by section 118-f of
22 subpart B of part C of chapter 62 of the laws of 2011, subdivision (i)
23 as amended by section 31-a of part AA of chapter 56 of the laws of 2019,
24 subdivision (j) as amended by chapter 146 of the laws of 2014, subdivi-
25 sion (k) as added by chapter 40 of the laws of 2014, subdivision (l) as
26 added by chapter 323 of the laws of 2018 and subdivision (m) as added by
27 chapter 493 of the laws of 2019, is amended to read as follows:

28 § 19.07 Office of ~~[alcoholism and substance abuse services]~~ addiction
29 services and supports; scope of responsibilities.

30 (a) The office of ~~[alcoholism and substance abuse services]~~ addiction
31 services and supports is charged with the responsibility for assuring
32 the development of comprehensive plans, programs, and services in the
33 areas of research, prevention, care, treatment, rehabilitation, includ-
34 ing relapse prevention and recovery maintenance, education, and training
35 of persons who ~~[abuse or are dependent on alcohol and/or substances]~~
36 have or are at risk of an addictive disorder and their families. The
37 term addictive disorder shall include gambling disorder education,
38 prevention and treatment consistent with section 41.57 of this chapter.
39 Such plans, programs, and services shall be developed with the cooper-
40 ation of the office, the other offices of the department where appropri-
41 ate, local governments, consumers and community organizations and enti-
42 ties. The office shall provide appropriate facilities and shall
43 encourage the provision of facilities by local government and community
44 organizations and entities. ~~[The office is also responsible for develop-~~
45 ~~ing plans, programs and services related to compulsive gambling educa-~~
46 ~~tion, prevention and treatment consistent with section 41.57 of this~~
47 ~~chapter.]~~

48 (b) The office of ~~[alcoholism and substance abuse services]~~ addiction
49 services and supports shall advise and assist the governor in improving
50 services and developing policies designed to meet the needs of persons
51 who suffer from or are at risk of an addictive disorder and their fami-
52 lies, and to encourage their rehabilitation, maintenance of recovery,
53 and functioning in society.

(c) The office of ~~[alcoholism and substance abuse services]~~ addiction services and supports shall have the responsibility for seeing that persons who suffer from or are at risk of an addictive disorder and their families are provided with addiction services, care and treatment, and that such services, care, treatment and rehabilitation is of high quality and effectiveness, and that the personal and civil rights of persons seeking and receiving addiction services, care, treatment and rehabilitation are adequately protected.

(d) The office of ~~[alcoholism and substance abuse services]~~ addiction services and supports shall foster programs for the training and development of persons capable of providing the foregoing services, including but not limited to a process of issuing, either directly or through contract, licenses, credentials, certificates or authorizations for ~~[alcoholism and substance abuse counselors or gambling]~~ addiction [counselors] professionals in accordance with the following:

(1) The office shall establish minimum qualifications ~~[for counselors]~~ and a definition of the practice of the profession of an addiction professional in all phases of delivery of services to persons and their families who are suffering from ~~[alcohol and/or substance abuse and/or chemical dependence and/or compulsive gambling that shall include]~~ or are at risk of an addictive disorder including, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in ~~[alcoholism and substance abuse counseling and/or counseling of compulsive gambling]~~ or at risk of addiction disorder services.

(i) The office shall establish procedures for issuing, directly or through contract, licenses, credentials, certificates or authorizations to ~~[counselors]~~ addiction professionals who meet minimum qualifications, including the establishment of appropriate fees, and shall further establish procedures to suspend, revoke, or annul such licenses, credentials, certificates or authorizations for good cause. Such procedures shall be promulgated by the commissioner by rule or regulation.

(ii) The commissioner shall establish ~~[a credentialing]~~ an addiction professionals board which shall provide advice concerning the licensing, credentialing, certification or authorization process.

(iii) The commissioner shall establish fees for the education, training, licensing, credentialing, certification or authorization of addiction professionals.

(2) The establishment, with the advice of the advisory council on alcoholism and substance abuse services, of minimum qualifications for ~~[counselors]~~ addiction professionals in all phases of delivery of services to those suffering from ~~[alcoholism, substance and/or chemical abuse and/or dependence and/or compulsive gambling]~~ or at risk of addictive disorders and their families that shall include, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in ~~[counseling for alcoholism, substance and/or chemical abuse and/or dependence]~~ addiction disorder services and/or ~~[compulsive]~~ gambling disorder services, and establish appropriate fees, issue licenses, credentials, certificates or authorizations to ~~[counselors]~~ addiction professionals who meet minimum qualifications and suspend, revoke, or annul such licenses, credentials, certificates or authorizations for good cause in accordance with procedures promulgated by the commissioner by rule or regulation.

(3) For the purpose of this title, the term "addiction professional", including "credentialed alcoholism and substance abuse counselor" or "C.A.S.A.C.", means an official designation identifying an individual as one who holds a currently registered and valid license, credential,

1 certificate or authorization issued or approved by the office of [~~alco-~~
2 ~~holism and substance abuse services~~] addiction services and supports
3 pursuant to this section which documents an individual's qualifications
4 to provide [~~alcoholism and substance abuse counseling~~] addiction disorder
5 services. The term "gambling addiction [~~counselor~~]" professional
6 means an official designation identifying an individual as one who holds
7 a currently registered and valid license, credential, certificate or
8 authorization issued by the office of [~~alcoholism and substance abuse~~
9 ~~services~~] addiction services and supports pursuant to this section which
10 documents an individual's qualifications to provide [~~compulsive~~] gambl-
11 ing [~~counseling~~] disorder services.

12 (i) No person shall use the title [~~credentialed alcoholism and~~
13 ~~substance abuse counselor or "C.A.S.A.C." or gambling addiction counse-~~
14 ~~lor~~] "addiction professional" or the title given to any licenses,
15 credentials, certificates or authorizations issued by the office unless
16 authorized [~~pursuant to~~] by the commissioner in accordance with this
17 title.

18 (ii) Failure to comply with the requirements of this section shall
19 constitute a violation as defined in the penal law.

20 (4) All persons holding previously issued and valid alcoholism or
21 substance abuse counselor credentials issued by the office or an entity
22 designated by the office, including a credentialed alcoholism and
23 substance abuse counselor, certified prevention specialist, credentialed
24 prevention professional, credentialed problem gambling counselor, gambl-
25 ing specialty designation, certified recovery peer advocate, on the
26 effective date of amendments to this section shall be deemed [~~C.A.S.A.C.~~
27 ~~designated~~] an addiction professional consistent with their experience
28 and education.

29 (e) Consistent with the requirements of subdivision (b) of section
30 5.05 of this chapter, the office shall carry out the provisions of arti-
31 cle thirty-two of this chapter as such article pertains to regulation
32 and quality control of [~~chemical dependence~~] addiction disorder
33 services, including but not limited to the establishment of standards
34 for determining the necessity and appropriateness of care and services
35 provided by [~~chemical dependence~~] addiction disorder providers of
36 services. In implementing this subdivision, the commissioner, in consul-
37 tation with the commissioner of health, shall adopt standards including
38 necessary rules and regulations including but not limited to those for
39 determining the necessity or appropriate level of admission, controlling
40 the length of stay and the provision of services, and establishing the
41 methods and procedures for making such determination.

42 (f) The office of [~~alcoholism and substance abuse services~~] addiction
43 services and supports shall develop a list of all agencies throughout
44 the state which are currently certified by the office and are capable of
45 and available to provide evaluations in accordance with section sixty-
46 five-b of the alcoholic beverage control law so as to determine need for
47 treatment pursuant to such section and to assure the availability of
48 such evaluation services by a certified agency within a reasonable
49 distance of every court of a local jurisdiction in the state. Such list
50 shall be updated on a regular basis and shall be made available to every
51 supreme court law library in this state, or, if no supreme court law
52 library is available in a certain county, to the county court library of
53 such county. The commissioner may establish an annual fee for inclusion
54 on such list.

55 (g) The office of [~~alcoholism and substance abuse services~~] addiction
56 services and supports shall develop and maintain a list of the names and

1 locations of all licensed agencies and [~~alcohol and substance abuse~~
2 ~~addiction~~ professionals, as defined in paragraphs (a) and (b) of subdi-
3 vision one of section eleven hundred ninety-eight-a of the vehicle and
4 traffic law, throughout the state which are capable of and available to
5 provide an assessment of, and treatment for, [~~alcohol and substance~~
6 ~~abuse and dependency~~] ~~addiction disorders~~. Such list shall be provided
7 to the chief administrator of the office of court administration and the
8 commissioner of motor vehicles. Persons who may be aggrieved by an agen-
9 cy decision regarding inclusion on the list may request an administra-
10 tive appeal in accordance with rules and regulations of the office. The
11 commissioner may establish an annual fee for inclusion on such list.

12 (h) The office of [~~alcoholism and substance abuse services~~] ~~addiction~~
13 ~~services and supports~~ shall monitor programs providing care and treat-
14 ment to inmates in correctional facilities operated by the department of
15 corrections and community supervision who have a history of [~~alcohol or~~
16 ~~substance abuse or dependence~~] ~~an addiction disorder~~. The office shall
17 also develop guidelines for the operation of [~~alcohol and substance~~
18 ~~abuse treatment programs~~] ~~addiction disorder services~~ in such correc-
19 tional facilities in order to ensure that such programs sufficiently
20 meet the needs of inmates with a history of [~~alcohol or substance abuse~~
21 ~~or dependence~~] ~~an addiction disorder~~ and promote the successful transi-
22 tion to treatment in the community upon release. No later than the first
23 day of December of each year, the office shall submit a report regarding
24 the adequacy and effectiveness of alcohol and substance abuse treatment
25 programs operated by the department of corrections and community super-
26 vision to the governor, the temporary president of the senate, the
27 speaker of the assembly, the chairman of the senate committee on crime
28 victims, crime and correction, and the chairman of the assembly commit-
29 tee on correction.

30 (i) The office of [~~alcoholism and substance abuse services~~] ~~addiction~~
31 ~~services and supports~~ shall periodically, in consultation with the state
32 director of veterans' services: (1) review the programs operated by the
33 office to ensure that the needs of the state's veterans who served in
34 the U.S. armed forces and who are recovering from [~~alcohol and/or~~
35 ~~substance abuse~~] ~~an addiction disorder~~ are being met and to develop
36 improvements to programs to meet such needs; and (2) in collaboration
37 with the state director of veterans' services and the commissioner of
38 the office of mental health, review and make recommendations to improve
39 programs that provide treatment, rehabilitation, relapse prevention, and
40 recovery services to veterans who have served in a combat theatre or
41 combat zone of operations and have a co-occurring mental health and
42 [~~alcoholism or substance abuse~~] ~~addiction~~ disorder.

43 (j) The office, in consultation with the state education department,
44 shall identify or develop materials on problem gambling among school-age
45 youth which may be used by school districts and boards of cooperative
46 educational services, at their option, to educate students on the
47 dangers and consequences of problem gambling as they deem appropriate.
48 Such materials shall be available on the internet website of the state
49 education department. The internet website of the office shall provide a
50 hyperlink to the internet page of the state education department that
51 displays such materials.

52 (k) Heroin and opioid addiction awareness and education program. The
53 commissioner, in cooperation with the commissioner of the department of
54 health, shall develop and conduct a public awareness and educational
55 campaign on heroin and opioid addiction. The campaign shall utilize
56 public forums, social media and mass media, including, but not limited

1 to, internet, radio, and print advertising such as billboards and post-
2 ers and shall also include posting of materials and information on the
3 office website. The campaign shall be tailored to educate youth,
4 parents, healthcare professionals and the general public regarding: (1)
5 the risks associated with the abuse and misuse of heroin and opioids;
6 (2) how to recognize the signs of addiction; and (3) the resources
7 available for those needing assistance with heroin or opioid addiction.
8 The campaign shall further be designed to enhance awareness of the
9 opioid overdose prevention program authorized pursuant to section thir-
10 ty-three hundred nine of the public health law and the "Good Samaritan
11 law" established pursuant to sections 220.03 and 220.78 of the penal law
12 and section 390.40 of the criminal procedure law, and to reduce the
13 stigma associated with addiction.

14 (l) The office of [~~alcoholism and substance abuse services~~] addiction
15 services and supports, in consultation with the state education depart-
16 ment, shall develop or utilize existing educational materials to be
17 provided to school districts and boards of cooperative educational
18 services for use in addition to or in conjunction with any drug and
19 alcohol related curriculum regarding the misuse and abuse of alcohol,
20 tobacco, prescription medication and other drugs with an increased focus
21 on substances that are most prevalent among school aged youth as such
22 term is defined in section eight hundred four of the education law. Such
23 materials shall be age appropriate for school age children, and to the
24 extent practicable, shall include information or resources for parents
25 to identify the warning signs and address the risks of substance [~~abuse~~]
26 misuse and addiction.

27 (m) (1) The office shall report on the status and outcomes of initi-
28 atives created in response to the heroin and opioid epidemic to the
29 temporary president of the senate, the speaker of the assembly, the
30 chairs of the assembly and senate committees on alcoholism and drug
31 abuse, the chair of the assembly ways and means committee and the chair
32 of the senate finance committee.

33 (2) Such reports shall include, to the extent practicable and applica-
34 ble, information on:

35 (i) The number of individuals enrolled in the initiative in the
36 preceding quarter;

37 (ii) The number of individuals who completed the treatment program in
38 the preceding quarter;

39 (iii) The number of individuals discharged from the treatment program
40 in the preceding quarter;

41 (iv) The age and sex of the individuals served;

42 (v) Relevant regional data about the individuals;

43 (vi) The populations served; and

44 (vii) The outcomes and effectiveness of each initiative surveyed.

45 (3) Such initiatives shall include opioid treatment programs, crisis
46 detoxification programs, 24/7 open access centers, adolescent club hous-
47 es, family navigator programs, peer engagement specialists, recovery
48 community and outreach centers, regional addiction resource centers and
49 the state implementation of the federal opioid state targeted response
50 initiatives.

51 (4) Such information shall be provided quarterly, beginning no later
52 than July first, two thousand nineteen.

53 § 2. This act shall take effect April 1, 2021.

Section 1. The opening paragraph of subdivision (g) of section 31.16 of the mental hygiene law, as amended by chapter 351 of the laws of 1994, is amended to read as follows:

The commissioner may impose [~~a fine~~] sanctions upon a finding that the holder of the certificate has failed to comply with the terms of the operating certificate or with the provisions of any applicable statute, rule or regulation. [~~The maximum amount of such fine shall not exceed one thousand dollars per day or fifteen thousand dollars per violation.~~] The commissioner is authorized to develop a schedule for the purpose of imposing such sanctions.

§ 2. Subdivision (a) of section 31.04 of the mental hygiene law is amended by adding a new paragraph 8 to read as follows:

8. establishing a schedule of fees for the purpose of processing applications for the issuance of operating certificates. All fees pursuant to this section shall be payable to the office for deposit into the general fund.

§ 3. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the commissioner of mental health is authorized to promulgate any and all rules and regulations and take any other measures necessary to implement this act on its effective date or before such date.

PART AA

Section 1. This Part enacts into law legislation relating to crisis stabilization services, Kendra's law and assisted outpatient treatment and involuntary commitment. Each component is wholly contained within a Subpart identified as Subparts A through C. The effective date for each particular provision contained within each Subpart is set forth in the last section of such Subpart. Any provision in any section contained within a Subpart, including the effective date of the Subpart, which makes a reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Subpart in which it is found. Section three of this Part sets forth the general effective date of this Part.

SUBPART A

Section 1. The mental hygiene law is amended by adding a new section 31.36 to read as follows:

§ 31.36 Crisis stabilization services.

The commissioner shall have the power, in conjunction with the commissioner of the office of addiction services and supports, to create crisis stabilization centers within New York state in accordance with article thirty-six of this title, including the promulgation of joint regulations and implementation of a financing mechanism to allow for the sustainable operation of such programs.

§ 2. The mental hygiene law is amended by adding a new section 32.36 to read as follows:

§ 32.36 Crisis stabilization services.

The commissioner shall have the power, in conjunction with the commissioner of the office of mental health, to create crisis stabilization centers within New York state in accordance with article thirty-six of this title, including the promulgation of joint regulations and implementation of a financing mechanism to allow for the sustainable operation of such programs.

§ 3. The mental hygiene law is amended by adding a new article 36 to read as follows:

ARTICLE XXXVI

ADDICTION AND MENTAL HEALTH SERVICES AND SUPPORTS

Section 36.01 Crisis stabilization centers.

§ 36.01 Crisis stabilization centers.

(a) (1) The commissioners are authorized to jointly license crisis stabilization centers subject to the availability of state and federal funding.

(2) A crisis stabilization center shall serve as an emergency service provider for persons with psychiatric and/or substance use disorder that are in need of crisis stabilization services. Each crisis stabilization center shall provide or contract to provide crisis stabilization services for mental health or substance use twenty-four hours per day, seven days per week, including but not limited to:

(i) Engagement, triage and assessment;

(ii) Continuous observation;

(iii) Mild to moderate detoxification;

(iv) Sobering services;

(v) Therapeutic interventions;

(vi) Discharge and after care planning;

(vii) Telemedicine;

(viii) Peer support services; and

(ix) Medication assisted treatment.

(3) The commissioners shall require each crisis stabilization center to submit a plan. The plan shall be approved by the commissioners prior to the issuance of an operating certificate pursuant to this article. Each plan shall include:

(i) a description of the center's catchment area,

(ii) a description of the center's crisis stabilization services,

(iii) agreements or affiliations with hospitals as defined in section 1.03 of this chapter,

(iv) agreements or affiliations with general hospitals or law enforcement to receive persons,

(v) a description of local resources available to the center to prevent unnecessary hospitalizations of persons,

(vi) a description of the center's linkages with local police agencies, emergency medical services, ambulance services and other transportation agencies,

(vii) a description of local resources available to the center to provide appropriate community mental health and substance use disorder services upon release,

(viii) written criteria and guidelines for the development of appropriate planning for persons in need of post community treatment or services,

(ix) a statement indicating that the center has been included in an approved local services plan developed pursuant to article forty-one of this chapter for each local government located within the center's catchment area; and

(x) any other information or agreements required by the commissioners.

(4) Crisis stabilization centers shall participate in county and community planning activities annually, and as additionally needed, in order to participate in local community service planning processes to ensure, maintain, improve or develop community services that demonstrate recovery outcomes. These outcomes include, but are not limited to, qual-

1 ity of life, socio-economic status, entitlement status, social network-
2 ing, coping skills and reduction in use of crisis services.

3 (b) Each crisis stabilization center shall be staffed with a multidis-
4 ciplinary team capable of meeting the needs of individuals experiencing
5 all levels of crisis in the community but shall have at least one
6 psychiatrist or psychiatric nurse practitioner, a credentialed alcohol-
7 ism and substance abuse counselor and one peer support specialist on
8 duty and available at all times, provided, however, the commissioners
9 may promulgate regulations to permit the issuance of a waiver of this
10 requirement when the volume of service of a center does not require such
11 level of staff coverage.

12 (c) The commissioners shall promulgate regulations necessary to the
13 operation of such crisis stabilization centers.

14 (d) For the purpose of addressing unique rural service delivery needs
15 and conditions, the commissioners shall provide technical assistance for
16 the establishment of crisis stabilization centers otherwise approved
17 under the provisions of this section, including technical assistance to
18 promote and facilitate the establishment of such centers in rural areas
19 in the state or combinations of rural counties.

20 (e) The commissioners shall develop guidelines for educational materi-
21 als to assist crisis stabilization centers in educating local practi-
22 titioners, hospitals, law enforcement and peers. Such materials shall
23 include appropriate education relating to de-escalation techniques,
24 cultural competency, the recovery process, mental health, substance use,
25 and avoidance of aggressive confrontation.

26 § 4. Section 9.41 of the mental hygiene law, as amended by chapter 723
27 of the laws of 1989, is amended to read as follows:

28 § 9.41 Emergency ~~[admissions]~~ assessment for immediate observation,
29 care, and treatment; powers of certain peace officers and
30 police officers.

31 Any peace officer, when acting pursuant to his or her special duties,
32 or police officer who is a member of the state police or of an author-
33 ized police department or force or of a sheriff's department may take
34 into custody any person who appears to be mentally ill and is conducting
35 himself or herself in a manner which is likely to result in serious harm
36 to the person or others. Such officer may direct the removal of such
37 person or remove him or her to: (a) any hospital specified in subdivi-
38 sion (a) of section 9.39 of this article, or (b) any comprehensive
39 psychiatric emergency program specified in subdivision (a) of section
40 9.40 of this article, or~~[7]~~ (c) to any crisis stabilization center spec-
41 ified in section 36.01 of this chapter, when the officer deems such
42 center is appropriate and where such person agrees, or (d) pending his
43 or her examination or admission to any such hospital ~~[or]~~ program, or
44 center, temporarily detain any such person in another safe and comforta-
45 ble place, in which event, such officer shall immediately notify the
46 director of community services or, if there be none, the health officer
47 of the city or county of such action.

48 § 5. Section 9.43 of the mental hygiene law, as amended by chapter 723
49 of the laws of 1989, is amended to read as follows:

50 § 9.43 Emergency ~~[admissions]~~ assessment for immediate observation,
51 care, and treatment; powers of courts.

52 (a) Whenever any court of inferior or general jurisdiction is informed
53 by verified statement that a person is apparently mentally ill and is
54 conducting himself or herself in a manner which in a person who is not
55 mentally ill would be deemed disorderly conduct or which is likely to
56 result in serious harm to himself or herself, such court shall issue a

1 warrant directing that such person be brought before it. If, when said
2 person is brought before the court, it appears to the court, on the
3 basis of evidence presented to it, that such person has or may have a
4 mental illness which is likely to result in serious harm to himself or
5 herself or others, the court shall issue a civil order directing his or
6 her removal to any hospital specified in subdivision (a) of section 9.39
7 of this article or any comprehensive psychiatric emergency program spec-
8 ified in subdivision (a) of section 9.40 of this article, or to any
9 crisis stabilization center specified in section 36.01 of this chapter
10 when the court deems such center is appropriate and where such person
11 agrees; that is willing to receive such person for a determination by
12 the director of such hospital ~~or~~, program or center whether such
13 person should be ~~retained~~ received therein pursuant to such section.

14 (b) Whenever a person before a court in a criminal action appears to
15 have a mental illness which is likely to result in serious harm to
16 himself or herself or others and the court determines either that the
17 crime has not been committed or that there is not sufficient cause to
18 believe that such person is guilty thereof, the court may issue a civil
19 order as above provided, and in such cases the criminal action shall
20 terminate.

21 § 6. Section 9.45 of the mental hygiene law, as amended by chapter 723
22 of the laws of 1989 and the opening paragraph as amended by chapter 192
23 of the laws of 2005, is amended to read as follows:

24 § 9.45 Emergency ~~admissions~~ assessment for immediate observation,
25 care, and treatment; powers of directors of community
26 services.

27 The director of community services or the director's designee shall
28 have the power to direct the removal of any person, within his or her
29 jurisdiction, to a hospital approved by the commissioner pursuant to
30 subdivision (a) of section 9.39 of this article, or to a comprehensive
31 psychiatric emergency program pursuant to subdivision (a) of section
32 9.40 of this article, or to any crisis stabilization center specified in
33 section 36.01 of this chapter when the director deems such center is
34 appropriate and where such person agrees, if the parent, adult sibling,
35 spouse or child of the person, the committee or legal guardian of the
36 person, a licensed psychologist, registered professional nurse or certi-
37 fied social worker currently responsible for providing treatment
38 services to the person, a supportive or intensive case manager currently
39 assigned to the person by a case management program which program is
40 approved by the office of mental health for the purpose of reporting
41 under this section, a licensed physician, health officer, peace officer
42 or police officer reports to him or her that such person has a mental
43 illness for which immediate care and treatment ~~in a hospital~~ is appro-
44 priate and which is likely to result in serious harm to himself or
45 herself or others. It shall be the duty of peace officers, when acting
46 pursuant to their special duties, or police officers, who are members of
47 an authorized police department or force or of a sheriff's department to
48 assist representatives of such director to take into custody and trans-
49 port any such person. Upon the request of a director of community
50 services or the director's designee an ambulance service, as defined in
51 subdivision two of section three thousand one of the public health law,
52 is authorized to transport any such person. Such person may then be
53 retained in a hospital pursuant to the provisions of section 9.39 of
54 this article or in a comprehensive psychiatric emergency program pursu-
55 ant to the provisions of section 9.40 of this article or to any crisis

1 stabilization center specified in section 36.01 of this chapter when the
2 director deems such center is appropriate and where such person agrees.

3 § 7. Subdivision (a) of section 9.58 of the mental hygiene law, as
4 added by chapter 678 of the laws of 1994, is amended to read as follows:

5 (a) A physician or qualified mental health professional who is a
6 member of an approved mobile crisis outreach team shall have the power
7 to remove, or pursuant to subdivision (b) of this section, to direct the
8 removal of any person who appears to be mentally ill and is conducting
9 themselves in a manner which is likely to result in serious harm to
10 themselves or others, to a hospital approved by the commissioner pursu-
11 ant to subdivision (a) of section 9.39 or section 31.27 of this chapter
12 ~~[for the purpose of evaluation for admission if such person appears to~~
13 ~~be mentally ill and is conducting himself or herself in a manner which~~
14 ~~is likely to result in serious harm to the person or others]~~ or where
15 the director deems appropriate and where the person agrees, to a crisis
16 stabilization center specified in section 36.01 of this chapter.

17 § 8. Subdivision 2 of section 365-a of the social services law is
18 amended by adding a new paragraph (gg) to read as follows:

19 (gg) addiction and mental health services and supports provided by
20 facilities licensed pursuant to article thirty-six of the mental hygiene
21 law.

22 § 9. Paragraph 5 of subdivision (a) of section 22.09 of the mental
23 hygiene law, as amended by section 1 of part D of chapter 69 of the laws
24 of 2016, is amended to read as follows:

25 5. "Treatment facility" means a facility designated by the commission-
26 er which may only include a general hospital as defined in article twen-
27 ty-eight of the public health law, or a medically managed or medically
28 supervised withdrawal, inpatient rehabilitation, or residential stabili-
29 zation treatment program that has been certified by the commissioner to
30 have appropriate medical staff available on-site at all times to provide
31 emergency services and continued evaluation of capacity of individuals
32 retained under this section or a crisis stabilization center licensed
33 pursuant to article 36.01 of this chapter.

34 § 10. The commissioner of health, in consultation with the office of
35 mental health and the office of addiction services and supports, shall
36 seek Medicaid federal financial participation from the federal centers
37 for Medicare and Medicaid services for the federal share of payments for
38 the services authorized pursuant to this Subpart.

39 § 11. This act shall take effect October 1, 2021; provided, however,
40 that the amendments to sections 9.41, 9.43 and 9.45 of the mental
41 hygiene law made by sections four, five and six of this act shall not
42 affect the expiration of such sections and shall expire therewith.
43 Effective immediately, the addition, amendment and/or repeal of any rule
44 or regulation necessary for the implementation of this act on its effec-
45 tive date are authorized to be made and completed on or before such
46 effective date.

47 SUBPART B

48 Section 1. Paragraph 4 of subdivision (c), paragraph 2 of subdivision
49 (h), paragraph 1 of subdivision (k) and subdivision (l) of section 9.60
50 of the mental hygiene law, as amended by chapter 158 of the laws of 2005
51 and paragraph 1 of subdivision (k) as added by chapter 1 of the laws of
52 2013, are amended to read as follows:

53 (4) has a history of lack of compliance with treatment for mental
54 illness that has:

(i) except as otherwise provided in subparagraph (ii) of this paragraph, prior to the filing of the petition, at least twice within the last thirty-six months been a significant factor in necessitating hospitalization in a hospital, or receipt of services in a forensic or other mental health unit of a correctional facility or a local correctional facility, not including any current period, or period ending within the last six months, during which the person was or is hospitalized or incarcerated; or

(ii) except as otherwise provided in subparagraph (iii) of this paragraph, prior to the filing of the petition, resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last forty-eight months, not including any current period, or period ending within the last six months, in which the person was or is hospitalized or incarcerated; ~~and~~ or

(iii) notwithstanding subparagraphs (i) and (ii) of this paragraph, resulted in the issuance of an order for assisted outpatient treatment which has expired within the last six months, and since the expiration of the order, the person has experienced a substantial increase in symptoms of mental illness and a loss of function.

(2) The court shall not order assisted outpatient treatment unless an examining physician, who recommends assisted outpatient treatment and has personally examined the subject of the petition no more than ten days before the filing of the petition, testifies ~~in person~~ at the hearing. Such physician shall state the facts and clinical determinations which support the allegation that the subject of the petition meets each of the criteria for assisted outpatient treatment.

(1) Prior to the expiration of an order pursuant to this section, the appropriate director shall review whether the assisted outpatient continues to ~~meet the criteria for~~ benefit from assisted outpatient treatment. If, as documented in the petition, (i) the director determines that ~~such criteria continue to be met~~: (A) as a result of his or her mental illness, the outpatient is unlikely to voluntarily participate in outpatient treatment that would enable him or her to live safely in the community; and (B) in view of his or her treatment history and current behavior, is in need of assisted outpatient treatment in order to prevent a relapse or deterioration which would be likely to result in serious harm to the person or others as defined in section 9.01 of this article; and (C) the outpatient is likely to benefit from continued assisted outpatient treatment; or (ii) the director has made appropriate attempts to, but has not been successful in eliciting, the cooperation of the subject to submit to an examination, within thirty days prior to the expiration of an order of assisted outpatient treatment, such director may petition the court to order continued assisted outpatient treatment pursuant to paragraph two of this subdivision. Upon determining whether such criteria continue to be met, such director shall notify the program coordinator in writing as to whether a petition for continued assisted outpatient treatment is warranted and whether such a petition was or will be filed.

(1) Petition for an order to stay, vacate ~~or~~, modify or extend the order. (1) In addition to any other right or remedy available by law with respect to the order for assisted outpatient treatment, the assisted outpatient, the mental hygiene legal service, or anyone acting on the assisted outpatient's behalf may petition the court on notice to the director, the original petitioner, and all others entitled to notice under subdivision (f) of this section to stay, vacate ~~or~~, modify, or

1 extend the order. An application for an extension of a current order
2 can be made when the appropriate director has made attempts but has not
3 been successful in giving the subject of the petition the notice of the
4 hearing.

5 (2) The appropriate director shall petition the court for approval
6 before instituting a proposed material change in the assisted outpatient
7 treatment plan, unless such change is authorized by the order of the
8 court. Such petition shall be filed on notice to all parties entitled to
9 notice under subdivision (f) of this section. Not later than five days
10 after receiving such petition, excluding Saturdays, Sundays and holi-
11 days, the court shall hold a hearing on the petition; provided that if
12 the assisted outpatient informs the court that he or she agrees to the
13 proposed material change, the court may approve such change without a
14 hearing. Non-material changes may be instituted by the director without
15 court approval. For the purposes of this paragraph, a material change is
16 an addition or deletion of a category of services to or from a current
17 assisted outpatient treatment plan, or any deviation without the
18 assisted outpatient's consent from the terms of a current order relating
19 to the administration of psychotropic drugs.

20 § 2. This act shall take effect immediately; provided, however, that
21 the amendments to section 9.60 of the mental hygiene law made by section
22 one of this act shall not affect the repeal of such section and shall be
23 deemed repealed therewith.

24 SUBPART C

25 Section 1. The third undesignated paragraph of section 9.01 of the
26 mental hygiene law, as amended by chapter 723 of the laws of 1989, is
27 amended to read as follows:

28 "likelihood to result in serious harm" or "likely to result in serious
29 harm" means (a) a substantial risk of physical harm to the person as
30 manifested by threats of or attempts at suicide or serious bodily harm
31 or other conduct demonstrating that the person is dangerous to himself
32 or herself[~~7~~]; or (b) a substantial risk of physical harm to the person
33 arising from such complete neglect of basic needs for food, clothing,
34 shelter or personal safety as to render serious accident, illness, or
35 death is highly probable if care by another is not taken; or (c) a
36 substantial risk of physical harm to other persons as manifested by
37 homicidal or other violent behavior by which others are placed in
38 reasonable fear of serious physical harm.

39 § 2. Paragraph 2 of subdivision (a) of section 9.39 of the mental
40 hygiene law, as amended by chapter 789 of the laws of 1985, is amended
41 and a new paragraph 3 is added to read as follows:

42 2. a substantial risk of physical harm to other persons as manifested
43 by homicidal or other violent behavior by which others are placed in
44 reasonable fear of serious physical harm[~~7~~], or

45 3. a substantial risk of physical harm to the person arising from such
46 complete neglect of basic needs for food, clothing, shelter or personal
47 safety as to render serious accident, illness, or death is highly proba-
48 ble if care by another is not taken.

49 § 3. This act shall take effect October 1, 2021.

50 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
51 sion, section or part of this act shall be adjudged by any court of
52 competent jurisdiction to be invalid, such judgment shall not affect,
53 impair, or invalidate the remainder thereof, but shall be confined in
54 its operation to the clause, sentence, paragraph, subdivision, section

1 or part thereof directly involved in the controversy in which such judg-
2 ment shall have been rendered. It is hereby declared to be the intent of
3 the legislature that this act would have been enacted even if such
4 invalid provisions had not been included herein.

5 § 3. This act shall take effect immediately; provided, however, that
6 the applicable effective date of Subparts A through C of this act shall
7 be as specifically set forth in the last section of such Subparts.

8

PART BB

9 Section 1. Subdivision (b) of section 7.17 of the mental hygiene law,
10 as amended by section 1 of part H of chapter 56 of the laws of 2013, is
11 amended to read as follows:

12 (b) There shall be in the office the hospitals named below for the
13 care, treatment and rehabilitation of persons with mental illness and
14 for research and teaching in the science and skills required for the
15 care, treatment and rehabilitation of such persons with mental illness.

16 Greater Binghamton Health Center

17 Bronx Psychiatric Center

18 Buffalo Psychiatric Center

19 Capital District Psychiatric Center

20 Central New York Psychiatric Center

21 Creedmoor Psychiatric Center

22 Elmira Psychiatric Center

23 Kingsboro Psychiatric Center

24 Kirby Forensic Psychiatric Center

25 Manhattan Psychiatric Center

26 Mid-Hudson Forensic Psychiatric Center

27 Mohawk Valley Psychiatric Center

28 Nathan S. Kline Institute for Psychiatric Research

29 New York State Psychiatric Institute

30 Pilgrim Psychiatric Center

31 Richard H. Hutchings Psychiatric Center

32 Rochester Psychiatric Center

33 Rockland Psychiatric Center

34 St. Lawrence Psychiatric Center

35 South Beach Psychiatric Center

36 New York City Children's Center

37 Rockland Children's Psychiatric Center

38 Sagamore Children's Psychiatric Center

39 Western New York Children's Psychiatric Center

40 The New York State Psychiatric Institute and The Nathan S. Kline
41 Institute for Psychiatric Research are designated as institutes for the
42 conduct of medical research and other scientific investigation directed
43 towards furthering knowledge of the etiology, diagnosis, treatment and
44 prevention of mental illness. The New York State Psychiatric Institute
45 shall operate, as a sub-entity, the New York State Institute for Basic
46 Research in Developmental Disabilities, which is designated as an insti-
47 tute for the conduct of medical research and other scientific investi-
48 gation directed towards furthering knowledge of the etiology, diagnosis,
49 treatment and prevention of developmental disabilities.

50 § 2. All employees of the office for people with developmental disa-
51 bilities' New York State Institute for Basic Research in Developmental
52 Disabilities, who are substantially engaged in the functions to be
53 transferred, will be transferred to the office of mental health's New

1 York State Psychiatric Institute pursuant to subdivision 2 of section 70
2 of the civil service law.
3 § 3. This act shall take effect immediately

4 PART CC

5 Section 1. Subdivisions 2 and 2-a of section 1.03 of the mental
6 hygiene law, subdivision 2 as amended and subdivision 2-a as added by
7 chapter 281 of the laws of 2019, are amended to read as follows:

8 2. [~~"Commissioner" means the commissioner of mental health~~] "Commis-
9 sioner" means the commissioner of addiction and mental health services,
10 and the commissioner of developmental disabilities [~~and the commissioner~~
11 ~~of addiction services and supports~~] as used in this chapter. Any power
12 or duty heretofore assigned to the commissioner of mental hygiene or to
13 the department of mental hygiene pursuant to this chapter shall hereaft-
14 er be assigned to the commissioner of addiction and mental health
15 services in the case of facilities, programs, or services for individ-
16 uals with mental illness, to the commissioner of developmental disabili-
17 ties in the case of facilities, programs, or services for individuals
18 with developmental disabilities, to the commissioner of addiction and
19 mental health services [~~and supports~~] in the case of facilities,
20 programs, or addiction disorder services in accordance with the
21 provisions of titles D and E of this chapter.

22 2-a. Notwithstanding any other section of law or regulation, on and
23 after the effective date of this subdivision, any and all references to
24 the office of alcoholism and substance abuse services and the predeces-
25 sor agencies to the office of alcoholism and substance abuse services
26 including the division of alcoholism and alcohol abuse and the division
27 of substance abuse services and all references to the office of mental
28 health, shall be known as the "office of addiction and mental health
29 services [~~and supports~~]." Nothing in this subdivision shall be construed
30 as requiring or prohibiting the further amendment of statutes or regu-
31 lations to conform to the provisions of this subdivision.

32 § 2. Section 5.01 of the mental hygiene law, as amended by chapter 281
33 of the laws of 2019, is amended and two new sections 5.01-a and 5.01-b
34 are added to read as follows:

35 § 5.01 Department of mental hygiene.

36 There shall continue to be in the state government a department of
37 mental hygiene. Within the department there shall be the following
38 autonomous offices:

39 (1) office of addiction and mental health services; and

40 (2) office for people with developmental disabilities[~~÷~~

41 ~~(3) office of addiction services and supports~~].

42 § 5.01-a Office of addiction and mental health services.

43 (a) The office of addiction and mental health services shall be a new
44 office within the department formed by the integration of the offices of
45 mental health and addiction services and supports which shall focus on
46 issues related to both mental illness and addiction in the state and
47 carry out the intent of the legislature in establishing the offices
48 pursuant to articles seven and nineteen of this chapter. The office of
49 addiction and mental health services is charged with ensuring the devel-
50 opment of comprehensive plans for programs and services in the area of
51 research, prevention, and care and treatment, rehabilitation, education
52 and training, and shall be staffed to perform the responsibilities
53 attributed to the office pursuant to sections 7.07 and 19.07 of this
54 chapter and provide services and programs to promote recovery for indi-

1 viduals with mental illness, substance use disorder, or mental illness
2 and substance use disorder.

3 (b) The commissioner of the office of addiction and mental health
4 services shall be vested with the powers, duties, and obligations of the
5 office of mental health and the office of addiction services and
6 supports.

7 (c) The office of addiction and mental health services may license
8 providers to provide integrated services for individuals with mental
9 illness, substance use disorder, or mental illness and substance use
10 disorder, in accordance with regulations issued by the commissioner.
11 § 5.01-b Office of addiction and mental health services.

12 Until January first, two thousand twenty-two, the office of addiction
13 and mental health services shall consist of the office of mental health
14 and the office of addiction services and supports.

15 § 3. Section 5.03 of the mental hygiene law, as amended by chapter 281
16 of the laws of 2019, is amended to read as follows:

17 § 5.03 Commissioners.

18 The head of the office of addiction and mental health services shall
19 be the commissioner of addiction and mental health services; and the
20 head of the office for people with developmental disabilities shall be
21 the commissioner of developmental disabilities[~~; and the head of the~~
22 ~~office of addiction services and supports shall be the commissioner of~~
23 ~~addiction services and supports~~]. Each commissioner shall be appointed
24 by the governor, by and with the advice and consent of the senate, to
25 serve at the pleasure of the governor. Until the commissioner of
26 addiction and mental health services is appointed by the governor and
27 confirmed by the senate, the commissioner of mental health and the
28 commissioner of addiction services and supports shall continue to over-
29 see mental health and addiction services respectively, and work collabo-
30 ratively to integrate care for individuals with both mental health and
31 substance use disorders.

32 § 4. Section 5.05 of the mental hygiene law, as added by chapter 978
33 of the laws of 1977, subdivision (a) as amended by chapter 168 of the
34 laws of 2010, subdivision (b) as amended by chapter 294 of the laws of
35 2007, paragraph 1 of subdivision (b) as amended by section 14 of part J
36 of chapter 56 of the laws of 2012, subdivision (d) as added by chapter
37 58 of the laws of 1988 and subdivision (e) as added by chapter 588 of
38 the laws of 2011, is amended to read as follows:

39 § 5.05 Powers and duties of the head of the department.

40 (a) The commissioners of the office of addiction and mental health
41 services and the office for people with developmental disabilities, as
42 the heads of the department, shall jointly visit and inspect, or cause
43 to be visited and inspected, all facilities either public or private
44 used for the care, treatment and rehabilitation of individuals with
45 mental illness, substance use disorder and developmental disabilities in
46 accordance with the requirements of section four of article seventeen of
47 the New York state constitution.

48 (b) (1) The commissioners of the office of addiction and mental
49 health[~~r~~] services and the office for people with developmental disabil-
50 ities [~~and the office of alcoholism and substance abuse services~~] shall
51 constitute an inter-office coordinating council which, consistent with
52 the autonomy of each office for matters within its jurisdiction, shall
53 ensure that the state policy for the prevention, care, treatment and
54 rehabilitation of individuals with mental illness, substance use disor-
55 ders and developmental disabilities[~~, alcoholism, alcohol abuse,~~
56 ~~substance abuse, substance dependence, and chemical dependence~~] is

1 planned, developed and implemented comprehensively; that gaps in
2 services to individuals with multiple disabilities are eliminated and
3 that no person is denied treatment and services because he or she has
4 more than one disability; that procedures for the regulation of programs
5 which offer care and treatment for more than one class of persons with
6 mental disabilities be coordinated between the offices having jurisdic-
7 tion over such programs; and that research projects of the institutes,
8 as identified in section 7.17 ~~[or]~~, 13.17, or 19.17 of this chapter or
9 as operated by the office for people with developmental disabilities,
10 are coordinated to maximize the success and cost effectiveness of such
11 projects and to eliminate wasteful duplication.

12 (2) The inter-office coordinating council shall annually issue a
13 report on its activities to the legislature on or before December thir-
14 ty-first. Such annual report shall include, but not be limited to, the
15 following information: proper treatment models and programs for persons
16 with multiple disabilities and suggested improvements to such models and
17 programs; research projects of the institutes and their coordination
18 with each other; collaborations and joint initiatives undertaken by the
19 offices of the department; consolidation of regulations of each of the
20 offices of the department to reduce regulatory inconsistencies between
21 the offices; inter-office or office activities related to workforce
22 training and development; data on the prevalence, availability of
23 resources and service utilization by persons with multiple disabilities;
24 eligibility standards of each office of the department affecting clients
25 suffering from multiple disabilities, and eligibility standards under
26 which a client is determined to be an office's primary responsibility;
27 agreements or arrangements on statewide, regional and local government
28 levels addressing how determinations over client responsibility are made
29 and client responsibility disputes are resolved; information on any
30 specific cohort of clients with multiple disabilities for which substan-
31 tial barriers in accessing or receiving appropriate care has been
32 reported or is known to the inter-office coordinating council or the
33 offices of the department; and coordination of planning, standards or
34 services for persons with multiple disabilities between the inter-office
35 coordinating council, the offices of the department and local govern-
36 ments in accordance with the local planning requirements set forth in
37 article forty-one of this chapter.

38 (c) The commissioners shall meet from time to time with the New York
39 state conference of local mental hygiene directors to assure consistent
40 procedures in fulfilling the responsibilities required by this section
41 and by article forty-one of this chapter.

42 (d) 1. The commissioner of addiction and mental health services shall
43 evaluate the type and level of care required by patients in the adult
44 psychiatric centers authorized by section 7.17 of this chapter and
45 develop appropriate comprehensive requirements for the staffing of inpa-
46 tient wards. These requirements should reflect measurable need for
47 administrative and direct care staff including physicians, nurses and
48 other clinical staff, direct and related support and other support
49 staff, established on the basis of sound clinical judgment. The staffing
50 requirements shall include but not be limited to the following: (i) the
51 level of care based on patient needs, including on ward activities, (ii)
52 the number of admissions, (iii) the geographic location of each facili-
53 ty, (iv) the physical layout of the campus, and (v) the physical design
54 of patient care wards.

55 2. Such commissioner, in developing the requirements, shall provide
56 for adequate ward coverage on all shifts taking into account the number

1 of individuals expected to be off the ward due to sick leave, workers'
2 compensation, mandated training and all other off ward leaves.

3 3. The staffing requirements shall be designed to reflect the legiti-
4 mate needs of facilities so as to ensure full accreditation and certif-
5 ication by appropriate regulatory bodies. The requirements shall reflect
6 appropriate industry standards. The staffing requirements shall be fully
7 measurable.

8 ~~[4. The commissioner of mental health shall submit an interim report~~
9 ~~to the governor and the legislature on the development of the staffing~~
10 ~~requirements on October first, nineteen hundred eighty eight and again~~
11 ~~on April first, nineteen hundred eighty nine. The commissioner shall~~
12 ~~submit a final report to the governor and the legislature no later than~~
13 ~~October first, nineteen hundred eighty nine and shall include in his~~
14 ~~report a plan to achieve the staffing requirements and the length of~~
15 ~~time necessary to meet these requirements.]~~

16 (e) The commissioners of the office of addiction and mental health[,]
17 services and the office for people with developmental disabilities[, ~~and~~
18 ~~the office of alcoholism and substance abuse services~~] shall cause to
19 have all new contracts with agencies and providers licensed by the
20 offices to have a clause requiring notice be provided to all current and
21 new employees of such agencies and providers stating that all instances
22 of abuse shall be investigated pursuant to this chapter, and, if an
23 employee leaves employment prior to the conclusion of a pending abuse
24 investigation, the investigation shall continue. Nothing in this section
25 shall be deemed to diminish the rights, privileges, or remedies of any
26 employee under any other law or regulation or under any collective
27 bargaining agreement or employment contract.

28 § 5. Section 7.01 of the mental hygiene law, as added by chapter 978
29 of the laws of 1977, is amended to read as follows:

30 § 7.01 Declaration of policy.

31 The state of New York and its local governments have a responsibility
32 for the prevention and early detection of mental illness and for the
33 comprehensively planned care, treatment and rehabilitation of their
34 mentally ill citizens.

35 Therefore, it shall be the policy of the state to conduct research and
36 to develop programs which further prevention and early detection of
37 mental illness; to develop a comprehensive, integrated system of treat-
38 ment and rehabilitative services for the mentally ill. Such a system
39 should include, whenever possible, the provision of necessary treatment
40 services to people in their home communities; it should assure the
41 adequacy and appropriateness of residential arrangements for people in
42 need of service; and it should rely upon improved programs of institu-
43 tional care only when necessary and appropriate. Further, such a system
44 should recognize the important therapeutic roles of all disciplines
45 which may contribute to the care or treatment of the mentally ill, such
46 as psychology, social work, psychiatric nursing, special education and
47 other disciplines in the field of mental illness, as well as psychiatry
48 and should establish accountability for implementation of the policies
49 of the state with regard to the care and rehabilitation of the mentally
50 ill.

51 To facilitate the implementation of these policies and to further
52 advance the interests of the mentally ill and their families, a new
53 autonomous agency to be known as the office of addiction and mental
54 health services has been established by this article. The office and its
55 commissioner shall plan and work with local governments, voluntary agen-
56 cies and all providers and consumers of mental health services in order

1 to develop an effective, integrated, comprehensive system for the deliv-
2 ery of all services to the mentally ill and to create financing proce-
3 dures and mechanisms to support such a system of services to ensure that
4 mentally ill persons in need of services receive appropriate care,
5 treatment and rehabilitation close to their families and communities. In
6 carrying out these responsibilities, the office and its commissioner
7 shall make full use of existing services in the community including
8 those provided by voluntary organizations.

9 § 6. Section 19.01 of the mental hygiene law, as added by chapter 223
10 of the laws of 1992, is amended to read as follows:

11 § 19.01 Declaration of policy.

12 The legislature declares the following:

13 Alcoholism, substance abuse and chemical dependence pose major health
14 and social problems for individuals and their families when left
15 untreated, including family devastation, homelessness, and unemployment.
16 It has been proven that successful prevention and treatment can dramat-
17 ically reduce costs to the health care, criminal justice and social
18 welfare systems.

19 The tragic, cumulative and often fatal consequences of alcoholism and
20 substance abuse are, however, preventable and treatable disabilities
21 that require a coordinated and multi-faceted network of services.

22 The legislature recognizes locally planned and implemented prevention
23 as a primary means to avert the onset of alcoholism and substance abuse.
24 It is the policy of the state to promote comprehensive, age appropriate
25 education for children and youth and stimulate public awareness of the
26 risks associated with alcoholism and substance abuse. Further, the
27 legislature acknowledges the need for a coordinated state policy for the
28 establishment of prevention and treatment programs designed to address
29 the problems of chemical dependency among youth, including prevention
30 and intervention efforts in school and community-based programs designed
31 to identify and refer high risk youth in need of chemical dependency
32 services.

33 Substantial benefits can be gained through alcoholism and substance
34 abuse treatment for both addicted individuals and their families. Posi-
35 tive treatment outcomes that may be generated through a complete contin-
36 uum of care offer a cost effective and comprehensive approach to reha-
37 bilitating such individuals. The primary goals of the rehabilitation and
38 recovery process are to restore social, family, lifestyle, vocational
39 and economic supports by stabilizing an individual's physical and
40 psychological functioning. The legislature recognizes the importance of
41 varying treatment approaches and levels of care designed to meet each
42 client's needs. Relapse prevention and aftercare are two primary compo-
43 nents of treatment that serve to promote and maintain recovery.

44 The legislature recognizes that the distinct treatment needs of
45 special populations, including women and women with children, persons
46 with HIV infection, persons diagnosed with mental illness, persons who
47 abuse chemicals, the homeless and veterans with posttraumatic stress
48 disorder, merit particular attention. It is the intent of the legisla-
49 ture to promote effective interventions for such populations in need of
50 particular attention. The legislature also recognizes the importance of
51 family support for individuals in alcohol or substance abuse treatment
52 and recovery. Such family participation can provide lasting support to
53 the recovering individual to prevent relapse and maintain recovery. The
54 intergenerational cycle of chemical dependency within families can be
55 intercepted through appropriate interventions.

1 The state of New York and its local governments have a responsibility
2 in coordinating the delivery of alcoholism and substance abuse services,
3 through the entire network of service providers. To accomplish these
4 objectives, the legislature declares that the establishment of a single,
5 unified office of [~~alcoholism and substance abuse~~] addiction and mental
6 health services will provide an integrated framework to plan, oversee
7 and regulate the state's prevention and treatment network. In recogni-
8 tion of the growing trends and incidence of chemical dependency, this
9 consolidation allows the state to respond to the changing profile of
10 chemical dependency. The legislature recognizes that some distinctions
11 exist between the alcoholism and substance abuse field and the mental
12 health field and where appropriate, those distinctions may be preserved.
13 Accordingly, it is the intent of the state to establish one office of
14 [~~alcoholism and substance abuse~~] addiction and mental health services in
15 furtherance of a comprehensive service delivery system.

16 § 7. Upon or prior to January 1, 2022, the governor may nominate an
17 individual to serve as commissioner of the office of addiction and
18 mental health services. If such individual is confirmed by the senate
19 prior to January 1, 2022, they shall become the commissioner of the
20 office of addiction and mental health services. The governor may desig-
21 nate a person to exercise the powers of the commissioner of the office
22 of addiction and mental health services on an acting basis, until
23 confirmation of a nominee by the senate, who is hereby authorized to
24 take such actions as are necessary and proper to implement the orderly
25 transition of the functions, powers as duties as herein provided,
26 including the preparation for a budget request for the office as estab-
27 lished by this act.

28 § 8. Upon the transfer pursuant to this act of the functions and
29 powers possessed by and all of the obligations and duties of the office
30 of mental health and the office of addiction services and supports as
31 established pursuant to the mental hygiene law and other laws, to the
32 office of addiction and mental health services as prescribed by this
33 act, provision shall be made for the transfer of all employees from the
34 office of mental health and the office of addiction services and
35 supports into the office of addiction and mental health services.
36 Employees so transferred shall be transferred without further examina-
37 tion or qualification to the same or similar titles and shall remain in
38 the same collective bargaining units and shall retain their respective
39 civil service classifications, status, and rights pursuant to their
40 collective bargaining units and collective bargaining agreements.

41 § 9. Notwithstanding any contrary provision of law, on or before Octo-
42 ber 1, 2021 and annually thereafter, the office of addiction and mental
43 health services, in consultation with the department of health, shall
44 issue a report, and post such report on their public website, detailing
45 the office's expenditures for mental health and addiction services and
46 supports, including total Medicaid spending directly by the state to
47 licensed or designated providers and payments to managed care providers
48 pursuant to section 364-j of the social services law. The office of
49 addiction and mental health services shall examine reports produced
50 pursuant to this section and may make recommendations to the governor
51 and the legislature regarding appropriations for mental health and
52 addiction services and supports or other provisions of law which may be
53 necessary to effectively implement the creation and continued operation
54 of the office.

55 § 10. Severability. If any clause, sentence, paragraph, section or
56 part of this act shall be adjudged by any court of competent jurisdic-

tion to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof directly involved in the controversy in which such judgment shall have been rendered.

§ 11. This act shall take effect immediately. Effective immediately, the office of mental health and the office of addiction services and supports are authorized to promulgate the addition, amendment and/or repeal of any rule or regulation or engage in any work necessary for the implementation of this act on its effective date authorized to be made and completed on or before such effective date.

PART DD

Section 1. This act shall be known and may be cited as the "comprehensive outpatient services act of 2021".

§ 2. Section 364-m of the social services law is amended by adding a new subdivision 6 to read as follows:

6. Comprehensive outpatient services centers. (a) Definitions. For the purpose of this article, unless the context clearly requires otherwise:

(i) "Mental health services" means services for the treatment of mental illness.

(ii) "Addiction services" means services for the treatment of addiction disorders.

(iii) "Comprehensive outpatient services" means the systematic coordination of evidence-based health care services, to include the preventive, diagnostic, therapeutic and rehabilitative care and treatment of mental illness, addiction and the provision of physical health services, otherwise provided by a diagnostic and treatment center or general hospital outpatient program pursuant to article twenty-eight of the public health law, a mental health clinic licensed pursuant to article thirty-one of the mental hygiene law, or an addiction provider certified pursuant to article thirty-two of the mental hygiene law to an individual seeking services regardless of their primary diagnosis or health complaint; provided, however, that the scope of such services may be restricted pursuant to regulation.

(iv) "Comprehensive outpatient services centers" means a facility approved in accordance with this section to provide comprehensive outpatient services in order to promote health and better outcomes for the recipient, particularly for populations at risk.

(v) "Medical director" is a physician who is responsible for the services delivered by the comprehensive outpatient services provider, for the overall direction of the services provided and the direct supervision of medical staff in the delivery of services.

(vi) "Physical health services" means services provided by a physician, physician's assistant, nurse practitioner, or midwife acting within his or her lawful scope of practice under title eight of the education law and who is practicing in a primary care specialty.

(b) Notwithstanding any law, rule, or regulation to the contrary, the commissioners of the department of health, the office of mental health, and the office of addiction services and supports are authorized to jointly establish a single set of licensing standards and requirements for the construction, operation, reporting and surveillance of comprehensive outpatient services centers. Such standards and requirements shall include, but not be limited to:

(i) scope of comprehensive outpatient services;

1 (ii) creation of an efficient application review process for compre-
2 hensive outpatient services centers;

3 (iii) facilitation of integrated treatment records that comply with
4 applicable federal and state confidentiality requirements;

5 (iv) optimal use of clinical resources, including the development of a
6 workforce capable of providing comprehensive care to an individual
7 utilizing evidence-based approaches to integrated treatment;

8 (v) development of billing and reimbursement structures to enable the
9 provision of comprehensive services to individuals regardless of their
10 primary diagnosis or healthcare complaint;

11 (vi) reasonable physical plant standards to foster proper care and
12 treatment;

13 (vii) standards for incident reporting and remediation pursuant to
14 article eleven of the social services law; and

15 (viii) standards for adverse event reporting, provided however that
16 any such adverse event reports shall be kept confidential and shall not
17 be subject to disclosure under article six of the public officers law or
18 article thirty-one of the civil practice law and rules.

19 (c) A provider shall not be authorized to provide comprehensive outpa-
20 tient services unless they have sufficiently demonstrated, consistent
21 with the standards and requirements set forth by the commissioners:

22 (i) experience in the delivery of physical, mental health, and
23 addiction services;

24 (ii) capacity to offer comprehensive outpatient services in each
25 comprehensive outpatient services center approved by each of the commis-
26 sioners of the department of health, the office of mental health, and
27 the office of addiction services and supports; and

28 (iii) compliance with standards established pursuant to this section
29 for providing and receiving payment for comprehensive outpatient
30 services.

31 (d) Notwithstanding any provision of law to the contrary, for the
32 purposes of this subdivision, comprehensive outpatient service providers
33 shall be considered contracted, approved or otherwise authorized by the
34 office of addiction services and supports and the office of mental
35 health for the purpose of sections 19.20, 19.20-a, and 31.35 of the
36 mental hygiene law, as may be applicable. Providers shall be required to
37 comply with the review of criminal history information, as required in
38 such sections, for prospective employees or volunteers who will have
39 regular and substantial unsupervised or unrestricted physical contact
40 with the clients of such provider.

41 (e) The commissioners of the department of health, the office of
42 mental health, and the office of addiction services and supports are
43 authorized to promulgate any regulatory requirements necessary to imple-
44 ment comprehensive outpatient services centers consistent with this
45 section, including amending existing requirements.

46 § 3. Subdivision 4 of section 488 of the social services law is
47 amended by adding a new paragraph (a-1) to read as follows:

48 (a-1) a comprehensive outpatient services center which is licensed, or
49 certified by section three hundred sixty-four-m of this chapter,
50 provided however that such term shall not include the provision of phys-
51 ical health services rendered in such facility or program;

52 § 4. Subdivision 1 of section 2801 of the public health law, as
53 amended by section 1 of part Z of chapter 57 of the laws of 2019, is
54 amended to read as follows:

55 1. "Hospital" means a facility or institution engaged principally in
56 providing services by or under the supervision of a physician or, in the

1 case of a dental clinic or dental dispensary, of a dentist, or, in the
2 case of a midwifery birth center, of a midwife, for the prevention,
3 diagnosis or treatment of human disease, pain, injury, deformity or
4 physical condition, including, but not limited to, a general hospital,
5 public health center, diagnostic center, treatment center, dental clinic,
6 dental dispensary, rehabilitation center other than a facility used
7 solely for vocational rehabilitation, nursing home, tuberculosis hospital,
8 chronic disease hospital, maternity hospital, midwifery birth
9 center, lying-in-asylum, out-patient department, out-patient lodge,
10 dispensary and a laboratory or central service facility serving one or
11 more such institutions, but the term hospital shall not include an
12 institution, sanitarium or other facility engaged principally in providing
13 services for the prevention, diagnosis or treatment of mental disability
14 and which is subject to the powers of visitation, examination,
15 inspection and investigation of the department of mental hygiene except
16 for those distinct parts of such a facility which provide hospital
17 service. The provisions of this article shall not apply to a facility or
18 institution engaged principally in providing services by or under the
19 supervision of the bona fide members and adherents of a recognized religious
20 organization whose teachings include reliance on spiritual means
21 through prayer alone for healing in the practice of the religion of such
22 organization and where services are provided in accordance with those
23 teachings. No provision of this article or any other provision of law
24 shall be construed to: (a) apply to comprehensive outpatient services
25 centers, as defined in section three hundred sixty-four-m of the social
26 services law; (b) limit the volume of mental health, substance use
27 disorder services or developmental disability services that can be
28 provided by a provider of primary care services licensed under this
29 article and authorized to provide integrated services in accordance with
30 regulations issued by the commissioner in consultation with the commissioner
31 of the office of mental health, the commissioner of the office of
32 ~~[alcoholism and substance abuse services]~~ addiction services and
33 supports and the commissioner of the office for people with developmental
34 disabilities, including regulations issued pursuant to subdivision
35 seven of section three hundred sixty-five-1 of the social services
36 law or part L of chapter fifty-six of the laws of two thousand twelve;
37 ~~[(b)]~~ (c) require a provider licensed pursuant to article thirty-one of
38 the mental hygiene law or certified pursuant to article sixteen or article
39 thirty-two of the mental hygiene law to obtain an operating certificate
40 from the department if such provider has been authorized to
41 provide integrated services in accordance with regulations issued by the
42 commissioner in consultation with the commissioner of the office of
43 mental health, the commissioner of the office of ~~[alcoholism and~~
44 ~~substance abuse services]~~ addiction services and supports and the
45 commissioner of the office for people with developmental disabilities,
46 including regulations issued pursuant to subdivision seven of section
47 three hundred sixty-five-1 of the social services law or part L of chapter
48 fifty-six of the laws of two thousand twelve.

49 § 5. Subdivision (f) of section 31.02 of the mental hygiene law, as
50 amended by section 2 of part Z of chapter 57 of the laws of 2019, is
51 amended to read as follows:

52 (f) No provision of this article or any other provision of law shall
53 be construed to require a provider licensed pursuant to article twenty-
54 eight of the public health law or certified pursuant to article sixteen
55 or article thirty-two of this chapter to obtain an operating certificate
56 from the office of mental health if such provider has been authorized to

1 provide integrated services in accordance with regulations issued by the
2 commissioner of the office of mental health in consultation with the
3 commissioner of the department of health, the commissioner of the office
4 of ~~[alcoholism and substance abuse services]~~ addiction services and
5 supports and the commissioner of the office for people with develop-
6 mental disabilities, including regulations issued pursuant to subdivi-
7 sion seven of section three hundred sixty-five-1 of the social services
8 law or part L of chapter fifty-six of the laws of two thousand twelve.
9 Furthermore, except as provided in paragraph (d) of subdivision six of
10 section three hundred sixty-four-m of the social services law, no
11 provision of this article or any other provision of law shall be
12 construed to apply to comprehensive outpatient services centers, as
13 defined in section three hundred sixty-four-m of the social services
14 law.

15 § 6. Subdivision (b) of section 32.05 of the mental hygiene law, as
16 amended by section 3 of part Z of chapter 57 of the laws of 2019, is
17 amended to read as follows:

18 (b) (i) Methadone, or such other controlled substance designated by
19 the commissioner of health as appropriate for such use, may be adminis-
20 tered to an addict, as defined in section thirty-three hundred two of
21 the public health law, by individual physicians, groups of physicians
22 and public or private medical facilities certified pursuant to article
23 twenty-eight or thirty-three of the public health law as part of a chem-
24 ical dependence program which has been issued an operating certificate
25 by the commissioner pursuant to subdivision (b) of section 32.09 of this
26 article, provided, however, that such administration must be done in
27 accordance with all applicable federal and state laws and regulations.
28 Individual physicians or groups of physicians who have obtained authori-
29 zation from the federal government to administer buprenorphine to
30 addicts may do so without obtaining an operating certificate from the
31 commissioner. (ii) No provision of this article or any other provision
32 of law shall be construed to require a provider licensed pursuant to
33 article twenty-eight of the public health law, article thirty-one of
34 this chapter or a provider certified pursuant to article sixteen of this
35 chapter to obtain an operating certificate from the office of ~~[alcohol-~~
36 ~~ism and substance abuse services]~~ addiction services and supports if
37 such provider has been authorized to provide integrated services in
38 accordance with regulations issued by the commissioner of ~~[alcoholism~~
39 ~~and substance abuse services]~~ addiction services and supports in consul-
40 tation with the commissioner of the department of health, the commis-
41 sioner of the office of mental health and the commissioner of the office
42 for people with developmental disabilities, including regulations issued
43 pursuant to subdivision seven of section three hundred sixty-five-1 of
44 the social services law or part L of chapter fifty-six of the laws of
45 two thousand twelve. Furthermore, except as provided in paragraph (d)
46 of subdivision six of section three hundred sixty-four-m of the social
47 services law, no provision of this article or any other provision of law
48 shall be construed to apply to comprehensive outpatient services
49 centers, as defined in section three hundred sixty-four-m of the social
50 services law.

51 § 7. This act shall take effect January 1, 2022; provided, however,
52 that the amendments to section 364-m of the social services law made by
53 section two of this act shall not affect the repeal of such section and
54 shall be deemed to repeal therewith. Effective immediately, the commis-
55 sioner of the department of health, the commissioner of the office of
56 mental health and the commissioner of the office of addiction services

1 and supports are authorized to issue any rule or regulation necessary
2 for the implementation of this act on or before its effective date.

3 PART EE

4 Section 1. Subdivision 10 of section 553 of the executive law is
5 REPEALED.

6 § 2. This act shall take effect April 1, 2021.

7 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
8 sion, section or part of this act shall be adjudged by any court of
9 competent jurisdiction to be invalid, such judgment shall not affect,
10 impair, or invalidate the remainder thereof, but shall be confined in
11 its operation to the clause, sentence, paragraph, subdivision, section
12 or part thereof directly involved in the controversy in which such judg-
13 ment shall have been rendered. It is hereby declared to be the intent of
14 the legislature that this act would have been enacted even if such
15 invalid provisions had not been included herein.

16 § 3. This act shall take effect immediately provided, however, that
17 the applicable effective date of Parts A through EE of this act shall be
18 as specifically set forth in the last section of such Parts.